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EMBRACING

CHANGE

TEXAS DEPARTMENT OF HUMAN SERVICES

ANNUAL REPORT

To the Governor

The Honorable Ann Richards
Governor of Texas
Austin, Texas

Dear Governor Richards:

The 1990 Annual Report of the Texas Department of Human Services is an accounting of expenditures and a review of services provided during the fiscal year ending August 31, 1990. The report describes major developments of the 1990 fiscal year, with charts, graphs, and tables reflecting costs, services, and people served.

As required by Sections 21.011 and 50.007 and Subsection (a) Sections 34.008 and 42.023, as amended, of the Human Resources Code, the report covers operation and administration of the department and includes the Commissioner of Human Services' recommendations for changes, as well as a review of the department's work in certifying social workers and licensing child-care facilities during the 1990 fiscal year.

We are pleased to submit this summary of the department's 51st year of service and assistance to the people of Texas.

Respectfully submitted,

Texas Board of Human Services

Rob Mosbacher, Chairman

Maurice Lee Barksdale

Maurice L. Barksdale, Member

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David Herndon, Member

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Louis P. Terrazas, Member

Ronald L Lindsey

Ron Lindsey, Commissioner

MISSION

As employees and members of the board of the Texas Department of Human Services, our mission is to foster the individual's worth, dignity, and family life by

- providing services to encourage self-sufficiency and long-term independence from public assistance;
- protecting children and vulnerable adults from abuse, neglect, and exploitation; and
- providing basic support to low-income families.

In partnership with other public and private entities, we will provide these services efficiently and effectively within available resources and legislative provisions.

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CHAIRMAN'S

MESSAGE

Chairman's Message

Independence. Self-sufficiency. Personal dignity. In a country of economic and cultural diversity, these are ideals almost all of us hold dear. This is the stuff Americans are made of. These are the values that make us strong. And these are the values of welfare reform.

Welfare reform is a revolutionary concept in human services. Rather than maintaining people in poverty, we want to help them help themselves. This change in philosophy transforms the mission of the Texas Department of Human Services (DHS) from one of financial assistance to one of empowering clients to take charge of their lives.

In this venture, we are investing in human capital. We are helping people get the education and training they need to compete for and hold good jobs at adequate wages, so they can provide for their families themselves.

The federal Family Support Act of 1988, the legislative framework of welfare reform, includes four components, three of which will be offered through DHS in fiscal year 1991:

- The Job Opportunities and Basic Skills Training (JOBS) program provides education and training, including literacy classes and opportunities to complete high school or earn GEDs, and employment services to help clients be more competitive in the job market.
- Transitional benefits provide clients who are no longer eligible for Aid to Families with Dependent Children (AFDC) 12 months of Medicaid and child-care benefits to ease their transition from welfare to long-term employment.
- The Aid to Families with Dependent Children-Unemployed Parent (AFDC-UP) program offers financial assistance to two-parent families when the principal wage earner is unemployed.

Establishing paternity, locating absent parents, and enforcing court orders for child support reduces the number of families needing public assistance. In Texas, the Attorney General's Office is responsible for this part of the act.

On Oct. 1, 1990, the JOBS program will be implemented in 82 Texas counties. DHS paved the way with the REFOCUS program which, like JOBS, targets services according to clients' employability and emphasizes clients' responsibility to seek and accept steady jobs.

In fiscal year 1989, pilot projects in the Beaumont, El Paso, Houston, and San Antonio regions offered 12 months of transitional Medicaid and child-care benefits. Transitional benefits became available statewide April 1, 1990.

The AFDC-UP program will begin Oct. 1. For the first time in Texas, two-parent families may be eligible for financial assistance. We are pleased that we will be able to help keep families intact.

At DHS we took a top-down, bottom-up approach in planning for welfare reform. Through public hearings, forums, and visits to field offices, we solicited ideas from clients, staff, providers, advisory committees, business leaders, volunteers, church groups, community organizations, educational institutions, and other government agencies. Involving all of the stakeholders in welfare reform is critical to our success. Implementation of welfare reform is a mammoth task. DHS cannot do it alone.

For example, DHS has no funding for adult basic education or vocational training, which are federally mandated parts of the JOBS program. So we are working with the Texas Education Agency, the Texas Higher Education Coordinating Board, the Texas Employment Commission, and the Private Industry Councils created by the Job Training Partnership Act to meet those requirements. We are also working with the nursing home industry to train AFDC mothers to become certified nurse aides.

Another challenge of welfare reform is to provide affordable, accessible child care for more families than ever before. Under welfare reform, child care becomes an entitlement. But Texas currently serves less than 4 percent of the children eligible for Title 20 child-care benefits. The agency's solution is Child Care Management Services, a network of 26 contracted child-care brokers who will recruit providers to meet clients' needs. There will be no direct contracts between DHS and child-care providers in geographic areas covered by brokers.

Early in fiscal year 1990, a project team at DHS mapped out a blueprint for the Texas version of welfare reform. Their plan called for same-day, one-stop service for clients; a simplified application and verification process; greater use of case management; services designed to meet clients' employment potentials; and greater coordination between DHS and other agencies and organizations. The team also recommended a new service delivery system designed to merge income assistance with family self-support services.

Removing adminstrative barriers between programs and streamlining clients' access to services were two of the issues addressed by the agency's reorganization this fiscal year. The reorganization began shortly after the Texas Board of Human Services unanimously selected Ron Lindsey as the agency's new commissioner, following the retirement of Marlin W. Johnston.

Commissioner Lindsey said he didn't relish the prospect of overhauling an agency with more than 15,000 employees. But after reviewing the results of a Touche Ross management study conducted last year, he realized that the agency's administrative structure hampered our primary goal of delivering services to clients efficiently and effectively. On Oct. 19, 1989, he unveiled a reorganization plan designed to eliminate internal barriers to service delivery and create clear accountability within the agency. Under the reorganization, three divisions are responsible for delivering services to our clients—Client Self-support Services, Contracted Client Services, and Protective Services.

The Client Self-support Services Division is responsible for implementing the service delivery system for welfare reform. This division manages a broad range of programs providing financial assistance, employment services, education and training, child care, and other support services, that are tailored through case management to meet individuals' needs.

The Contracted Client Services Division is responsible for all Medicaid programs administered by DHS. It encompasses medical programs that formerly were scattered throughout the agency, including vendor drugs; indigent health care; family planning; Early and Periodic Screening, Diagnosis, and Treatment; and long-term care services; as well as other contracted client services such as food services, meals, disaster assistance, and medical transportation. This division also houses the new Office on Services to Persons With Disabilities, which was created to address the special needs of DHS clients with disabilities. We laud the passage of the federal Americans With Disabilities Act of 1990, which prohibits discrimination in employment, services, accommodations, and telecommunications.

The Protective Services Division protects children, elderly people, and disabled adults from abuse, neglect, or exploitation. It also offers shelter and other services to runaways and victims of family violence. Child Protective Services and Adult Protective Services operate independently in the regions but are connected at state office because many management issues apply to both. The Licensing Department, which develops and enforces minimum standards to protect children in daycare and 24-hour care facilities, is also a part of this division.

One of the most pressing issues for the agency as a whole is the expansion of Medicaid eligibility in conjunction with welfare reform. Our clientele has grown by leaps and bounds in the last two years, as state and federal legislation mandated prenatal and pediatric care for more women and children. Before Sept. 1, 1988, pregnant women were eligible for Medicaid only if their incomes did not exceed 33 percent of the federal poverty guidelines. Then, in fiscal year 1989, state legislation raised the income cap to 100 percent of poverty not only for pregnant women, but for children younger than age 2. Children ages 2 to 18 were covered only if their family incomes did not exceed 22 percent of poverty.

Anticipating federal mandates and eager to leverage federal funds, the Texas Legislature raised the income caps again in fiscal year 1990. Children under age 1 and pregnant women became eligible if their family incomes did not exceed 130 percent of poverty. Children ages 1 to 4 were covered up to 100 percent of poverty.

Because determining Medicaid eligibility can take up to 45 days, low-income pregnant women were at risk of losing precious weeks of prenatal care. So, in November 1989, DHS began to offer presumptive eligibility for prenatal care. A qualified provider can determine an applicant's eligibility on the spot, without verfication of income, family size, citizenship, or residency. Medicaid then covers her prenatal care for 45 days, while DHS confirms or denies her eligibility. In either case, the services rendered in the interim are covered.

The number of children eligible for Medicaid took another leap forward on April 1, 1990, when the federal Omnibus Budget Reconciliation Act of 1989 extended benefits to children younger than age 6, as well as pregnant women, at 133 percent of poverty. In Texas, the federal mandate had its biggest effect on low-income children ages 4 and 5, who may now participate in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. EPSDT offers medical and dental preventive care and treatment.

The Medicaid expansions were among 18 changes mandated by state and federal legislation for this fiscal year. Unfortunately, we could not foresee all of the changes when making our 1990-91 Legislative Appropriation Request, which was based on caseload projections developed in early 1988. Nor could we forecast the unprecedented numbers of people who became eligible for our services. New methods of screening clients encourage workers to determine if applicants are eligible for a whole package of benefits--not just the piece they ask for. That's good, because giving a mother a Medicaid card but not food stamps won't help much if her child is malnourished. But, as a result, our caseloads are burgeoning and creating a budget crunch.

Texas is not alone. Because of new Medicaid mandates, 49 states have increasing caseloads, and most are facing budget problems. In Texas, the crisis came to a head in August 1990, when our Medicaid contractor announced the suspension of payments to providers for services rendered after July 25. The suspension was lifted after we received authorization to transfer funds from other accounts to cover premiums. But we still face a deficit for the rest of the bienium, and we need the Legislature's help to resolve the shortfall.

Meanwhile, we are tackling the funding shortage on other fronts. More than 70 percent of our budget for fiscal year 1990 was federal money. But in 1988, Texas ranked 44th among the states in receipt of federal funds. For every dollar Texans send to Washington, we get 76 cents in return.

In December 1989, the executive staff assembled the Federal Team, a group of policy and budget staff who recommend agency action on federal developments. For example, child care is a hot topic in Washington this year. New legislation could bring Texas an additional $10 to $24.5 million in federal funding for child care.

This year, a federal grant totaling $631,464 put some teeth into our efforts to ensure the safety of children in registered family homes. Project CHERISH (Children in Home Environments: Regulation to Improve Safety and Health) will pay for 14 staff to visit a random sample of approximately 15,000 registered family homes in Texas. The Licensing Department at DHS is required by law to develop and enforce minimum standards for registered family homes but has never had the funding to comply. Staff will gather data not only on compliance with minimum standards but on quality of care, services offered, conditions of facilities, and the types of training that caregivers need. The grant will also cover a public information campaign to educate parents about the difference between licensing and registration and parents' responsibility to monitor their children's care.

We are working with other state agencies to maximize Medicaid funding, for which the matching rate is about 60 percent federal, 40 percent state. For example, through a cooperative agreement with the Texas Commission on Alcohol and Drug Abuse (TCADA), chemically dependent teen-agers from low-income families will get the help they need to become drug-free. TCADA will put up the state dollars, and DHS will draw down the Medicaid match so Texas teens can get services that are crucial to breaking chemical addictions.

In some cases, contractors donate the dollars we use to draw down federal funds. DHS has more than 170 eligibility workers located in about 60 hospitals and clinics that pay the program overhead costs as well as the state's share of their salaries.

We also have invaluable resources that cost almost nothing at all. We call them volunteers. The 15,000 Texans who give their time each month to DHS put in a total of one million hours a year—the equivalent of 543 paid staff.

This fiscal year staff planned the Partners in Human Services initiative to enhance the services we do provide and provide some we don't. The program works by getting civic, religious, and business groups to volunteer to help our clients and having contact people within the groups coordinate their efforts. Caseworkers link whole organizations to people in need. That way, they don't have to recruit volunteers every time a client needs more help than the agency can give.

One of our most exciting volunteer projects this fiscal year, Texas Works Together, was geared to welfare reform. Texas Works Together pairs volunteer mentors with AFDC mothers who are seeking employment or starting to work. The mentors are not only role models but confidantes who listen to clients' concerns and encourage them along the path to independence.

Among our most valued volunteers are those who nurture children in foster care. This year, staff prepared for a foster and adoptive parent recruitment campaign called "Dare to Love" that will stress the emotional rewards of caring for children with special needs.

The Nuestros Niños project sought Hispanic families to adopt children in the Rio Grande Valley. Using billboards, signs on bus benches, and public access television, the project dispelled myths about limitations on age, income, marital status, dual career families, and language skills. As a result, adoption inquiries quadrupled in the first quarter the project began.

This year, for the first time ever, we offered post-adoption services to families of children who were formerly in DHS conservatorship. The services—which include information and referral, case management, support groups, parental education, therapeutic counseling, respite care, crisis intervention, and limited residential placement—are designed to help adopted children and their families adjust to their new roles, cope with the effects of prior abuse, and achieve permanent relationships.

The legislation that authorized post-adoption services also ensured that prospective parents will receive a child's complete history from DHS before that child is placed in their home. We adopted that policy as a necessary ingredient for family unity and permanent placement.

A study conducted by the American Association for Protecting Children (AAPC) in 1988 cited inconsistencies in handling Child Protective Services (CPS) cases across the state. The Touche Ross report echoed that concern. So, CPS staff took steps to ensure consistent service delivery.

Staff throughout Texas worked on the Resource Outcome Model Project (ROMP), a service delivery system and budget model that will clearly identify which children and families to serve, what services to prescribe, and how much it will cost to do the job right. ROMP considers factors such as characteristics of the abuser, types of abuse, amount of contact between the worker and the family, the kinds of services rendered, and the length of service. ROMP uses two main performance measures—recidivism and repeated abuse or neglect while the case is still open. ROMP will supplement caseworkers' training, judgment, and sensitivity by helping them choose the most effective mix of services for children and families.

From this brief overview, it is evident that fiscal year 1990 has been remarkable. As I pause to reflect on the year in review, I am struck by the scope of our accomplishments and the magnitude of issues we have to face. DHS is in the midst of massive change.

Think for a moment about welfare reform. We are beginning the first comprehensive overhaul of the nation's welfare system. The attitudinal shift from maintaining our clients in poverty to empowering their lives means radically changing the way we do business. The agency's reorganization was designed to reflect that revolutionary change in philosophy.

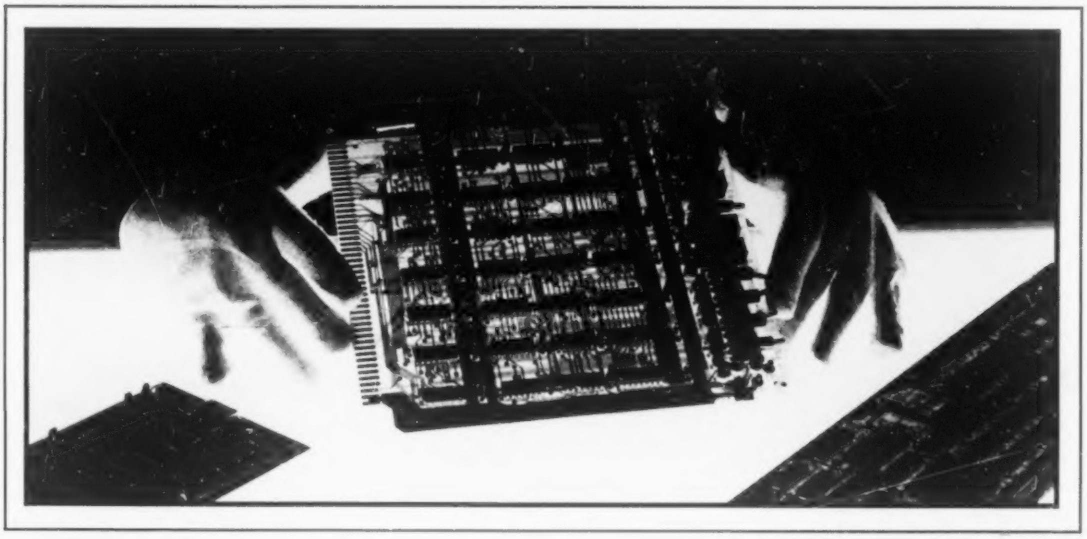
We must always be willing and prepared to change because one of life's few certainties is that conditions will change. It's human nature to cling to what's familiar, longing for a calm sense of security. But change will come, whether we resist it or not. So we have a choice. We can harness its power or be crushed by its force.

We have made a conscious commitment at DHS to embrace the changes of welfare reform. We know that it is not a quick fix. It is not a bandage for the ills of society. For many people, it is a cure.

But it cannot happen overnight. We are in for a very long haul. Some of our clients will have to overcome the barriers of illiteracy. Many will need education, training, and ample support before they learn to stand on their own. But all who achieve independence—who feel the pride, dignity, and self-esteem that come with self-sufficiency—dissolve the bonds of poverty, not just for themselves, but for their children, and for Texas.

Rob Mosbacher, *Chairman, Texas Board of Human Services*

CLIENT



SELF-SUPPORT
SERVICES

Client Self-support Services

For the staff and programs that provide assistance to families and children in economic need, fiscal year 1990 was a year of challenges, opportunities, and, above all, change. The changes began with a new vision for DHS programs that support families, such as Aid to Families with Dependent Children (AFDC), food stamps, Medicaid, employment services, and child care. This new vision began to develop several years ago with the recognition that Texas was reaching a critical turning point. Major changes in the state's economic base resulted in significant shifts in employment patterns and the job market around the state. At the same time, it was evident that a disturbing number of Texans were reaching adulthood without the education and skills they needed to compete for the kinds of jobs that could provide decent futures for their families. Without a radical change in direction, Texas could expect to see a burgeoning underclass of citizens with long-term dependence on government assistance, and a continuation of the economic decline due to an insufficiently skilled and educated work force. It became evident that securing the prosperity of Texas would require significant investments to develop the potential of all citizens.

Many public and private agencies and members of the business community must share in the responsibility and costs for turning the situation around. DHS accepts its share of the responsibility and recognizes the importance of working in partnership with other stakeholders to make a difference. Agency staff understand it is no longer appropriate just to maintain families in poverty; rather, the agency's responsibility is to give temporary economic assistance to families in need, while supporting their efforts to become independent. Many people seek help from social service programs in times of temporary crisis and are able to get back on their feet in a fairly short time with minimal help. But many others lack the education, training, and self-esteem to become self-supporting in today's economy. In recent years, it has become clear that to make significant changes in clients' lives, the agency must make radical changes in the services it provides and the way it does business.

New Directions

In the spring of 1987, this new vision prompted the redesign of the employment services program for AFDC clients. DHS tested the new program, called REFOCUS, in three regions starting in 1988, and the program was implemented statewide by January 1990. REFOCUS emphasized that clients have a responsibility to seek and accept employment, and, to help clients find work, DHS staff assessed each client's employment potential so that limited resources for education, training, and placement could be directed to those people most likely to benefit.

Staff also examined the methods of delivering AFDC, food stamps, Medicaid, and other services through local DHS offices. Increasing demands for services, especially in the expanded Medicaid programs for pregnant women and children, placed tremendous strains on eligibility and support staff and on local office operations. Administrators realized that years of emphasis on accuracy, timeliness, and fraud prevention had inadvertently built bureaucratic barriers that kept many families who needed help from getting it.

The agency renewed its commitment to treat all individuals with dignity, compassion, and efficiency. Emphasis was placed on creating an environment that would encourage and support clients on their paths to self-sufficiency, starting with their first encounters with DHS. A variety of steps were taken to address these concerns, including training regional managers to emphasize customer service, shortening and simplifying the application form that clients complete, and improving and coordinating service delivery at the local level.

The passage of the federal Family Support Act in October 1988 gave Texas additional opportunities to make the new vision a reality. This landmark legislation for welfare reform was designed to transform the income-maintenance system into one that would help welfare clients become self-reliant. The act underscores the importance of clients' responsibility for self-determination. It stresses targeting limited resources to the individuals most likely to benefit and coordinating state and local resources to meet clients' educational and training needs.

The agency received federal approval to pilot two provisions of the act—transitional child care and Medicaid benefits—in four regions of the state beginning in April 1989. The transitional services help AFDC clients achieve self-sufficiency by continuing their Medicaid and child-care benefits for 12 months after they become employed. The pilot helped DHS prepare to implement transitional benefit programs statewide in April 1990.

Other key provisions of the Family Support Act include the Job Opportunities and Basic Skills Training (JOBS) program and the AFDC-Unemployed Parent (AFDC-UP) program. Both of these must be operating by Oct. 1, 1990. Because the REFOCUS employment services program anticipated many requirements of the JOBS program, many aspects, such as case management, assessment, and targeting resources, will require little or no change.

The most significant change under JOBS will be including remedial and adult basic education as required services to further clients' employability. For the first time, the Texas Education Agency, the Texas Higher Education Coordinating Board, and other educational agencies have assumed important roles in the success of the employment program. DHS has added these entities to its network of partnerships with other agencies, such as the Private Industry Councils and Texas Employment Commission, to make maximum use of the state and federal funds available to help AFDC clients.

JOBS also requires that DHS meet certain levels of client participation and target services to priority client groups to receive enhanced program funding. Goals for participation rates will increase through 1995. Major changes will be needed in the agency's automated employment services system to track clients' participation in various JOBS activities and to meet complex federal requirements for statistical and fiscal reporting.

Major child-care initiatives are another component of the Family Support Act. For the first time, clients in certain circumstances—such as those participating in JOBS or going off AFDC due to increased earnings—will be entitled to child-care services with their choice of providers. DHS will need new ways to secure child-care providers, pay for services, track clients' eligibility, and handle multiple funding sources to ensure that this important support service is available to clients entering the work force or preparing for employment.

These major changes—and challenges for change—were already in progress when fiscal year 1990 began. In August 1989, Commissioner Ron Lindsey announced the formation of a 19-member Welfare Reform Project Team whose mission was to create a comprehensive blueprint within 90 days to "revolutionize" the welfare system in Texas. Representing a wealth of experience within the agency, the team members developed a plan for DHS to meet or exceed the federal requirements of the Family Support Act, while significantly improving the quality of service to clients. A series of regional focus groups and a variety of work groups tapped the knowledge and energy of staff members throughout the agency.

The team's report, presented on Nov. 15, 1989, included a conceptual design of a cost-effective, customer-focused service delivery system that meets the goals of the Family Support Act as well as the agency's new vision for services to families; and a detailed implementation plan outlining policy changes, training, resource development, automation, organizational structure, and internal and external communications needed to implement welfare reform in Texas.

In October 1989, the agency underwent a major reorganization. In keeping with the recommendations of the Touche Ross management study and the Welfare Reform Project Team, the administration of AFDC, food stamps, employment services, day care, and other programs providing financial and supportive services to families was consolidated under the new Client Self-support Services Division. The managers and staff of the new division worked hard to finalize the organizational structure and clarify their roles and responsibilities. They moved quickly, tackling many tasks to make the new vision of welfare reform a reality.

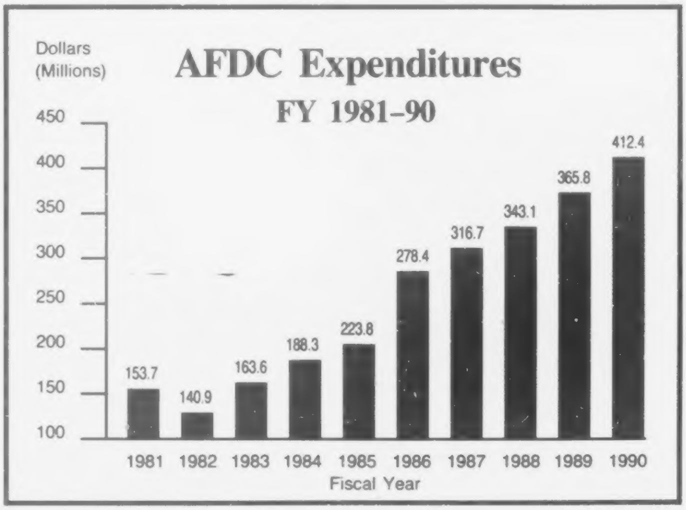
The magnitude of change that Client Self-support Services staff dealt with in fiscal year 1990 was awesome. They faced occasional disappointments when plans were delayed or sidelined due to funding concerns, staff shortages, or the sheer volume of priority activities taking place. Ambitious plans to fully integrate automation of the income assistance and family support services programs were postponed to fit a broader automation plan that will provide better support throughout the agency within the next few years. Plans to implement the JOBS program in July 1990 were pushed back to October 1990 due to the shortfall in agency funding for fiscal year 1990. Integrating the former income assistance and family self-support service delivery systems has proven to be very complex, partially because of the increasingly high workloads carried by eligibility workers this year. Careful planning will be necessary to ensure that improvements in service delivery are appropriately supported by training, automation, and staffing levels.

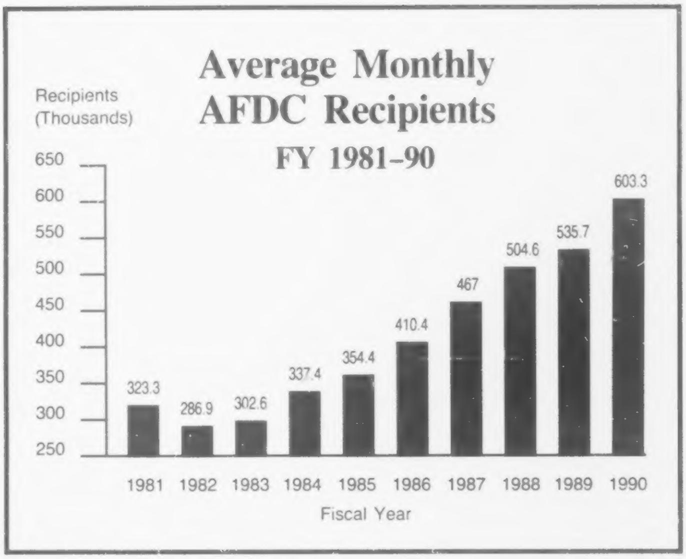
Despite these setbacks, the accomplishments in fiscal year 1990 were every bit as impressive as the challenges. Staff embraced changes in Client Self-support Services as opportunities to make a real difference in their clients' lives. The overall focus of client self-support programs reflects the new vision of helping clients move toward independence. DHS formed partnerships with a wide range of public and private entities that share the vision and commitment to invest in the future of Texas. The agency is well prepared for implementation of the new Family Support Act programs in fiscal year 1991 and will continue to seek new and better ways to help clients become self-sufficient.

Aid to Families with Dependent Children

The direction of the Aid to Families with Dependent Children (AFDC) program changed when Congress passed the Family Support Act of 1988. Key provisions in that legislation include:

- providing 12 months of Medicaid and child-care services to AFDC recipients who become ineligible because their earnings increase;
- replacing the Work Incentive program and other AFDC work options with the Job Opportunities and Basic Skills Training (JOBS) program to offer clients a wide range of educational, training, and employment services; and





❧ mandating an AFDC-Unemployed Parent (AFDC-UP) program to provide benefits to families in need because the principal wage earner is unemployed.

On Oct. 1, 1990, Texas will implement the JOBS program and a time-limited AFDC-UP program. For the first time, two-parent families in Texas will be able to receive AFDC benefits if the principal wage earner has been recently unemployed. Cash benefits will be limited to six months in every 12-month period for these families, but family members may continue to have Medicaid coverage throughout the year.

To qualify for AFDC, a family must include needy children and have less than $1,000 in assets, excluding a home and one car with equity value of less than $1,500. The typical AFDC family, a mother and two children, can have a net income of no more than $184 per month after allowable deductions.

AFDC families receive financial and medical assistance. Grant amounts have not increased since fiscal year 1985. The average monthly grant amount is $57 per recipient. At the current payment level, with the value of food stamps and Medicaid added, the average AFDC child lives in a home whose income equals 74 percent of the federal poverty level.

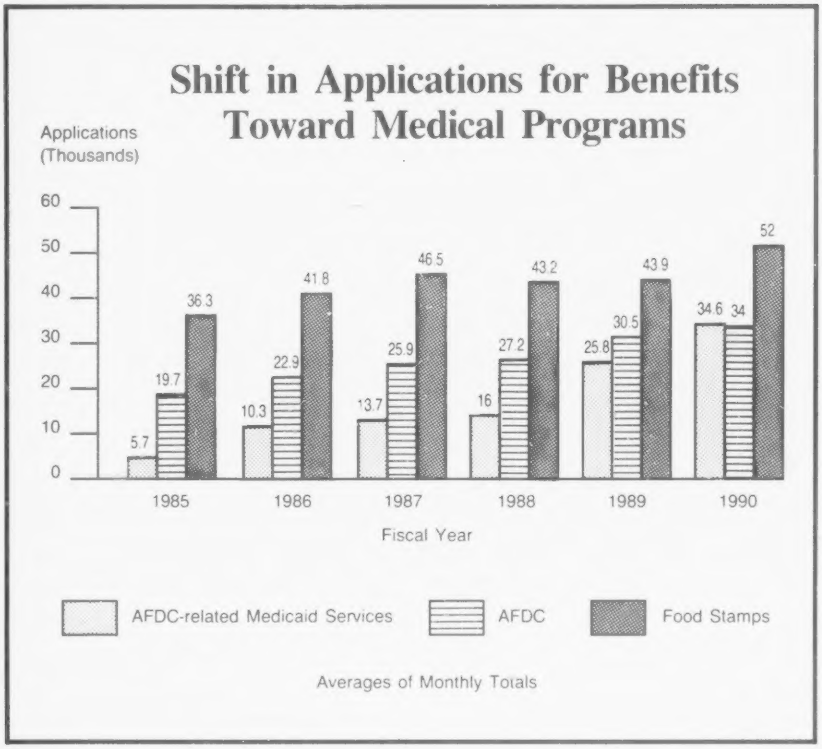
During fiscal year 1990, the average number of people receiving AFDC each month increased to 603,280. The average for fiscal year 1989 was 535,671. Total AFDC payments rose from $365.8 million in 1989 to $412.4 million in 1990.

AFDC-related Medicaid Services

Many low-income families who do not qualify for AFDC still need help getting adequate health care. DHS administers Medicaid programs for children and pregnant women who are ineligible for AFDC, caregivers and second parents of deprived children, and aliens who meet all requirements except citizenship. The numbers of women and children receiving Medicaid benefits increased substantially during fiscal year 1990. For the first time, applications for AFDC-related Medicaid programs exceeded those for AFDC.

On Sept. 1, 1989, the agency implemented state legislation extending Medicaid coverage to children younger than 1 year old and pregnant women with incomes below 130 percent of poverty, and to children younger than age 4 with household incomes below 100 percent of poverty. Also on Sept. 1, the Presumptive Eligibility program became available statewide. Qualified Medicaid providers may presume pregnant women are eligible based on their declarations of income and assets and can certify them for up to 45 days of coverage. This program allows the earliest possible access to prenatal care by providing immediate short-term Medicaid benefits while the formal Medicaid application is being processed.

Effective April 1990, the Omnibus Budget Reconciliation Act of 1989 required DHS to expand income eligibility to 133 percent of the federal poverty

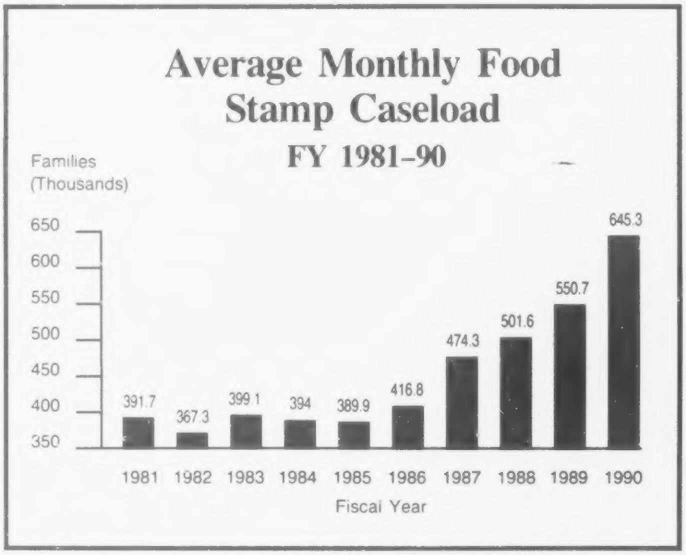


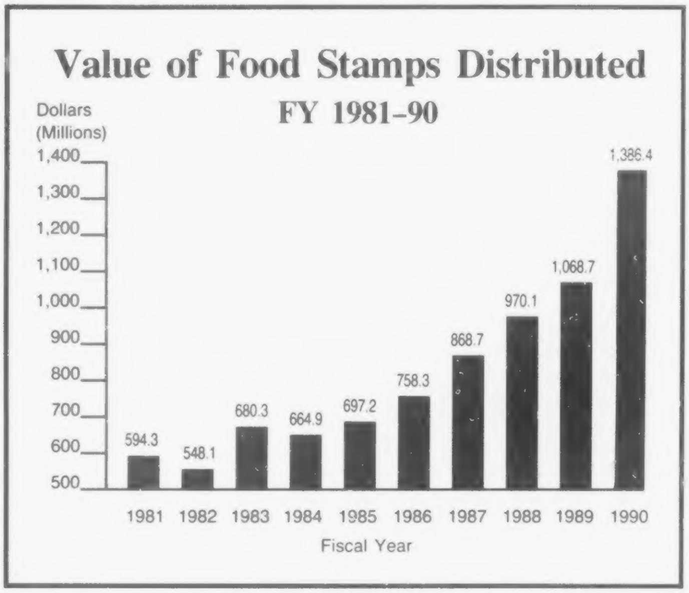
level for children younger than age 6 and pregnant women. At the same time, under provisions of the Family Support Act of 1988, transitional Medicaid benefits became available for families whose welfare grants were terminated because of earnings.

In fiscal year 1990, AFDC-related Medicaid programs provided coverage to an average of 149,623 recipients per month, compared to 73,233 the previous year. The total cost increased from $103.2 million in fiscal year 1989 to $243.1 million in fiscal year 1990.

Food Stamps

The Food Stamp program supplements the diets of low-income people. The program serves one- and two-parent households, as well as elderly people and single adults. To be eligible for food stamps, the people living in a household must have combined incomes less than 130 percent of federally established poverty levels and countable resources of less than $2,000. Households with a member age 60 or older cannot have countable resources of more than $3,000. The value of a home and its surrounding property and up to $4,500 of the value of a vehicle are not counted as household resources. DHS staff determine a





Value of Food Stamps Distributed

FY 1981-90

recipient's food stamp allotment based on the number of people living in the household and their incomes after allowable deductions.

The Hunger Prevention Act of 1988 increased food stamp allotments and dependent care deductions. To improve clients' access to services, DHS simplified the food stamp application process by reducing the number of forms to be completed. In addition, the agency designed a new two-page application form, replacing the previous 11-page form. Many other states have requested copies, and some are now using Texas' shortened application form.

The number of Texans receiving food stamp benefits continued to increase. In fiscal year 1990, an average of 1.88 million people received food stamps each month, compared to 1.63 million the previous year. The total value of food stamps issued increased from $1.1 billion in fiscal year 1989 to $1.4 billion in fiscal year 1990. The average monthly allotment in fiscal year 1990 was $61.40 per person, compared to $54.81 in fiscal year 1989.

The automated food stamp benefit program continued to provide benefits to elderly and disabled Supplemental Security Income recipients without requiring them to go to a local office for a redetermination of eligibility. A monthly average of 61,337 elderly and disabled clients received their food stamps through this program in fiscal year 1990.

Employment Services

The REFOCUS program, the centerpiece of the agency's welfare-to-work efforts, began in March 1988 as a series of pilot projects in the San Antonio, Beaumont, and Houston regions. Since then, the program has been expanded statewide.

The REFOCUS program is based on the assumptions that clients are responsible for seeking and accepting employment and that DHS must assess every client's employment potential to make the best use of educational and training resources. REFOCUS includes many of the features of the Job Opportunities and Basic Skills Training (JOBS) program. While planning for JOBS, the agency staff fine-tuned the REFOCUS program by introducing features of the JOBS program when possible. For example, JOBS client target groups were adopted in REFOCUS in early 1990. The transition from REFOCUS to JOBS on Oct. 1, 1990, is expected to be smooth.

Substantial effort went into preparing for the implementation of JOBS during fiscal year 1990. Preparation began with a top-down, bottom-up planning process, involving stakeholders at all levels in the public and private sectors. DHS contracted with the University of Texas at Austin to conduct a labor market demand analysis and recommend which counties to include in the initial JOBS program.

The Texas Higher Education Coordinating Board sponsored three demonstration projects to broker educational services for AFDC clients. The Adult

Education Cooperatives, funded through the Texas Education Agency, introduced several educational initiatives benefiting AFDC clients around the state. And DHS continued to build on its partnerships with Job Training Partnership Act (JTPA) agencies to make maximum use of federal job training and placement funds and streamline eligibility requirements.

Texas Works Together, a mentoring program for AFDC clients participating in the employment program, began in fiscal year 1990. Volunteer mentors serve as role models, giving clients encouragement and moral support above and beyond that available through regular DHS programs. More than 500 clients were matched with volunteer mentors during 1990.

At the beginning of fiscal year 1990, the Food Stamp Employment and Training (E&T) program was serving 49 counties in Texas. In April 1990, the U.S. Department of Agriculture (USDA) required that the state expand services to 23 more, for a total of 72 counties, with no additional funding. DHS began to try to convince USDA to let Texas implement the program in a substantial way in a smaller number of carefully chosen counties rather than superficially in numerous counties. Meanwhile, the agency contracted with the University of Texas at Austin School of Social Work to research economic conditions in Texas counties and rank them according to need and climate for success as an E&T program site. This study will be used to identify counties to be served in future years.

Two contractors operated the E&T program in Texas in fiscal year 1990. The Texas Employment Commission (TEC) provided service components in 68 counties, and the Texas Association of Private Industry Councils (TAPIC) provided service components in seven counties. At mid-year, DHS expanded its contract with TAPIC to test a comprehensive case management process in four counties that did not have a TEC office. TAPIC contracted with local agencies to provide E&T services to food stamp clients, emphasizing in-depth assessment, referrals to education and skills training facilities, and mandatory training on how to look for a job before a directed work search.

The transitional period necessary to implement REFOCUS and more comprehensive case management resulted in lower job placement rates for AFDC clients this year. In fiscal year 1990, 16,456 AFDC clients were placed in jobs, compared to 19,616 placements in fiscal year 1989. It is worth noting, however, that during this period a larger number of clients received education and training services. The E&T program resulted in 33,087 job entries in fiscal year 1990, compared to 32,280 in fiscal year 1989. For fiscal year 1990, DHS spent $14.8 million on employment services compared to $10.9 million in fiscal year 1989.

Child Care

During the past 20 years, the DHS-funded child-care program has experienced major changes in funding and methods of procuring care. However, the extent of these changes pales in comparison to those precipitated by the Family Support Act. The act creates new funding sources, expands the number and types of clients eligible for services, requires greater flexibility in the agency's method of obtaining providers, and mandates that parents be offered a broader range of choices for child care.

Child-care services are available through DHS to children in danger of abuse or neglect and to children of low-income parents who need care so their parents can work, seek work, or receive training that will lead to employment. A major purpose of this service is to help AFDC families become self-supporting.

Through DHS, care and supervision can be provided for children from birth through 12 years old, and the age may be extended for foster care and handicapped children. Because funding is limited, names are often placed on waiting lists, and children are enrolled when space becomes available. In 1990, DHS-funded care was provided primarily through competitively procured contracts with child-care centers and broker agencies, and through provider agreements across the state.

In fiscal year 1990, state funds were available for DHS to purchase care for children in foster care when their foster parents work. This new service was created to help recruit and retain more foster parents. The funds were also used to purchase care for foster children who needed extra developmental stimulation.

The transitional child-care provision of the Family Support Act was implemented in April 1990. This program provides up to 12 months of child care after a family is denied AFDC cash assistance because their earnings increased. These extended child-care services, together with transitional Medicaid benefits, provide needed support to recently employed parents with the aim of preventing the family's return to dependence on welfare.

A significant feature of the transitional child-care program is that parents have the option of being reimbursed by DHS for the cost of self-arranged child care. This gives parents freedom to choose caregivers for their children, as required under the Family Support Act. During the first five months of operation, 294 families elected to be reimbursed for self-arranged transitional child-care services. Reimbursement to these families totaled $116,859. The number of households choosing this new option is expected to increase steadily. The self-arranged child-care option will also be available to JOBS participants when that program begins in October 1990.

In the spring of 1989, DHS staff started planning changes needed in the child-care system to give parents a choice of child-care providers and expand the provider base to serve the increased number of entitled clients. The result was the Child Care Management Services (CCMS) system. Rather than purchasing services directly from child-care providers, DHS will contract with CCMS brokers for a variety of services, such as determining eligibility; giving information and assistance to parents who need child-care arrangements; recruiting and paying vendors for child-care services; monitoring the care provided; providing resource and referral services; and providing some case management. All types of DHS-administered child-care funds will flow through the CCMS, and all eligible clients will be served by CCMS contractors. CCMS contractors will be located in 26 Job Training Partnership Act (JTPA) service delivery areas. Under the CCMS system, there will no longer be direct contracts or provider agreements between DHS and child-care providers. Any licensed or registered child-care provider in good standing may participate by entering into a vendor agreement with the CCMS.

The concept for the CCMS system was developed through discussions with child-care providers, DHS regional staff, advisory groups, and representatives of child-care programs in other states. The concept was refined in response to comments at a series of 14 public meetings held across the state in the spring of 1990. The system will be implemented statewide on Nov. 1, 1990, with complete services beginning March 1, 1991. Field tests of various components of the CCMS system began in four sites around the state in June 1990.

In fiscal year 1990, funding for all child-care programs came to $43.5 million, enabling DHS to serve an average of 18,510 children per day. In fiscal year 1989, $37.1 million covered services for 16,611 children per day. Fiscal year 1990 funding allowed the agency to serve fewer than 3 percent of all the children eligible for child-care services.

Refugee Assistance

Refugee assistance is authorized by the Refugee Act of 1980, amended by the Refugee Assistance Extension Act of 1986. The purpose of the program is to help refugees become self-sufficient as quickly as possible after arrival in the United States.

Cash and medical assistance for refugees is limited to their first 12 months of residence in the United States. The program also reimburses the state's share of AFDC costs for refugees during their first four months of

U.S. residence. An average of 1,315 refugee clients received financial and medical services per month at an estimated cost of $2.5 million in fiscal year 1990.

Refugee social services include job training, job placement, and English as a Second Language classes to help refugees enter the economic mainstream. Contractors provided social services to approximately 10,000 refugee clients at a cost of $3.8 million in fiscal year 1990.

The Unaccompanied Refugee Minor program operates through a contract with Catholic Counseling Services of Dallas. The contract provides foster care and other child welfare services to children deemed eligible through the national program.

Discretionary funds support two other programs. The Targeted Assistance program provides additional employment services in Harris County and contiguous counties based on the high percentage of refugees in that area. The Job Links project, located in Dallas and Beaumont, provides employment services to increase families' standards of living and abilities to sustain self-sufficiency.

Family Health Services

Family Health Services nurses counsel and educate individuals and groups of Medicaid clients about how to use Medicaid benefits, family planning services, preventive health care, and other health and social service resources appropriately. These services encourage self-sufficiency by helping clients learn how to avoid sickness and take care of their own and their families' health.

In addition to helping clients, the nurses also consult with other DHS staff and health care professionals about Medicaid, other health resources, and clients' use of health care services. They train caseworkers on basic health care and the use of the health care system; help recruit Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) providers; and serve as liaisons with other agencies and community resources.

During fiscal year 1990, staff continued to work with teen-age mothers and pregnant girls younger than age 18. They also counseled clients with health care needs requiring a nurse's intervention and oriented client groups on the proper use of Medicaid and preventive health services.

During fiscal year 1990, family health nurses provided a total of 20,764 health care educational services to participating Medicaid clients, providers, DHS staff, and other agencies' staff. Of these, 5,545 were individual sessions with 4,983 Medicaid families. The program cost approximately $574,379.

Teen Parent Initiative

In 1985, DHS launched the Teen Parent Initiative (TPI) to build community-based, comprehensive service programs for pregnant and parenting teens. In 1987, the 70th Texas Legislature designated DHS as the coordinating agency for school-age pregnancy prevention and intervention programs. This broadened the agency's role to include collecting information, serving as a statewide clearinghouse, and establishing the interagency Adolescent Pregnancy and Parenthood Advisory Committee (APPAC). Through APPAC, other state agencies and private sector groups advise DHS and the Texas Board of Human Services on school-age pregnancy issues.

The 71st Texas Legislature changed APPAC's name from advisory committee to advisory council; required rotating the chairmanship annually among DHS, Texas Department of Health (TDH), and Texas Education Agency (TEA) staff; added responsibility for advising the TDH and TEA boards; and mandated reports of the council's recommendations on preventing teen-age pregnancy to relevant state agencies and regular sessions of the Legislature. The council's first report, *Adolescent Pregnancy Prevention Recommendations and Strategies*, will be distributed Oct. 1, 1990.

The School-age Pregnancy and Prevention Clearinghouse produced and distributed about 8,000 documents to Texas school district personnel, agricultural extension agents, health care professionals, national and state organizations, teen parent service providers, state agencies, legislators, and other interested parties. One of the documents produced was the second edition of *Teen Birth Data and Statistics in 254 Texas Counties*, with data from 1988. The clearinghouse collaborated with the Fort Worth Adolescent Pregnancy Board to produce a technical assistance manual called *Accept the Challenge!—A Guide to Teen Pregnancy Coalition Building*. The clearinghouse also produced a *Teen Pregnancy Network of Experts Catalog*, listing volunteer consultants who agreed to participate in a telephone network to provide technical assistance in their specific areas of expertise. In May 1990, the clearinghouse report *School-age Pregnancy in Texas: A Report to the 71st Legislature* was named one of the top 20 government documents nationwide by the American Library Association.

Special funds were available for the DHS regional offices to contract with community-based organizations for small, time-limited projects addressing various issues related to teen-age pregnancy and parenthood. Collectively, these are called Community Initiative Development (CID) projects because their purpose is to give local communities opportunities to try innovative ways to prevent or reduce negative consequences of teen pregnancy.

Project Redirection, the TPI self-support demonstration project for pregnant and parenting teens in El Paso, completed its fifth year of operation. In Houston, TPI services were provided through contracts with the Baylor College of Medicine and Neighborhood Centers Inc.

This fiscal year the TPI demonstration projects served an average of 1,517 pregnant and parenting teens per month, and 16 CID projects began. The demonstration and CID projects cost about $.8 million.

Emergency Assistance

The purpose of emergency assistance is to help local governments and non-profit service organizations meet the needs of people who are homeless or lack other basic necessities. Food, housing, clothing, utility payments, and other assistance are provided through the Emergency Nutrition and Emergency Relief Services (ENERS) program to people who find themselves suddenly unemployed or in other crisis situations.

Services are provided through local contractors who offer short-term emergency assistance to needy people. They may provide services directly to clients or buy the services using purchase vouchers and sub-contracts.

Local contractors include county governments; local units of government; and private, nonprofit corporations. Only one contract is awarded in each county, and it is offered first to the county government. The agency allocates a minimum of $1,000 to a maximum of $100,000 to each county, based on the county's unemployment and poverty rates. If the funds allocated for a particular county are not spent or matched, they may be transferred to another county. Local contractors must match state general revenue funds on a 50-50 basis.

The local contractor for each county determines the scope, frequency, and duration of services and sets client eligibility criteria. However, contractors may not deny services to anyone whose family income is at or below 75 percent of the federal poverty guidelines. During fiscal year 1990, local contractors in 249 Texas counties provided emergency assistance to more than 149,603 people at an estimated cost of $884,429.

The Oil Overcharge Restitutionary Act, established by the 70th Texas Legislature, provided additional funding to ENERS, beginning Sept. 1, 1987. The funding is available to the states as a result of litigation concerning overpricing of crude oil and refined petroleum products from 1973 through 1981, when mandatory federal price controls were in effect. Oil overcharge funds of $1.3 million were added to the program to help needy people pay utility bills; buy petroleum heating products; buy cord wood, coal, blankets, and coats; and repair heating and cooling appliances. Contractors in 152 counties used oil overcharge funds to help more than 84,287 people. The funds had to be matched locally on a 50-50 basis. Priority was given to recently unemployed people and people who did not qualify for other income assistance programs.

The agency awarded the East Texas Council of Governments $3,000 in ENERS contingency funds in fiscal year 1989 to provide a congregate meal program for 834 elderly people in Rusk County and 992 elderly people in Cherokee County. In fiscal year 1990, DHS used $61,916 in contingency funds to help needy people during the freeze in the Rio Grande Valley.

Legalized Aliens Assistance

The Immigration Reform and Control Act of 1986 established the State Legalization Impact Assistance Grant (SLIAG) program to help defray the costs to state and local governments for providing health care, public assistance, and educational services to eligible legalized aliens. DHS is reimbursed 100 percent for state and local funds spent serving eligible legalized aliens through Title 19 health care services, Title 20 family planning services, vendor drug services, county indigent health care services, the ENERS and oil overcharge programs, and city or county public assistance agencies. The agency received about $1.9 million in SLIAG reimbursements for fiscal year 1990.

Energy Assistance

The Low Income Home Energy Assistance program helps eligible low-income households pay for home energy costs. State warrants mailed to eligible households are payable to their gas or electric suppliers, local housing authorities, or in some cases, the heads of the households. Benefits are issued once in the winter and once in the summer. About 417,259 households received benefits in the winter of 1990. The summer component was funded to serve about 228,029 households. Funding this fiscal year amounted to $30.1 million.

Because of a drastic decrease in funding, DHS established a centralized eligibility and determination unit in fiscal year 1990. Categorical processing of food stamp, AFDC, and Supplemental Security Income cases is handled as in the past, but eligibility determination for income-eligible cases is handled by temporary staff in the state office rather than in each region. This concept reduced the administrative costs of the program significantly, while expanding geographic coverage and simplifying access for elderly and disabled people.

Native American Restitutionary Program

The Native American Restitutionary Program (NARP), a direct grant program created by the 70th Texas Legislature, is financed through the Governor's Office with oil overcharge funds. This program provides energy-related assistance to the three Texas Indian tribes: the Alabama-Coushatta tribe in Livingston; the Kickapoo traditional tribe in Eagle Pass; and the Yselta del Sur Pueblo (Tigua Indians) in El Paso.

The grants are used by tribal governments for emergency relief and energy crisis intervention; low-income home energy assistance; weatherization and rehabilitation of community facilities; tribal government and community energy and fuel consumption; and other approved energy conservation programs.

The special provision for Native Americans was the result of legal action taken by the

National Congress of American Indians to ensure that Indian tribal governments and their citizens would receive an equitable share of the oil overcharge settlement. The allocation of funds and methods for disbursement were left to the discretion of each state participating in the settlement.

Allocations to the three Texas tribes are determined by the Texas Legislature and based on an estimated combined tribal population of 2,500. The tribes have agreed that settlements will be divided equally regardless of tribal enrollment. DHS' contract with the Governor's Office for fiscal year 1990 amounted to $471,287.

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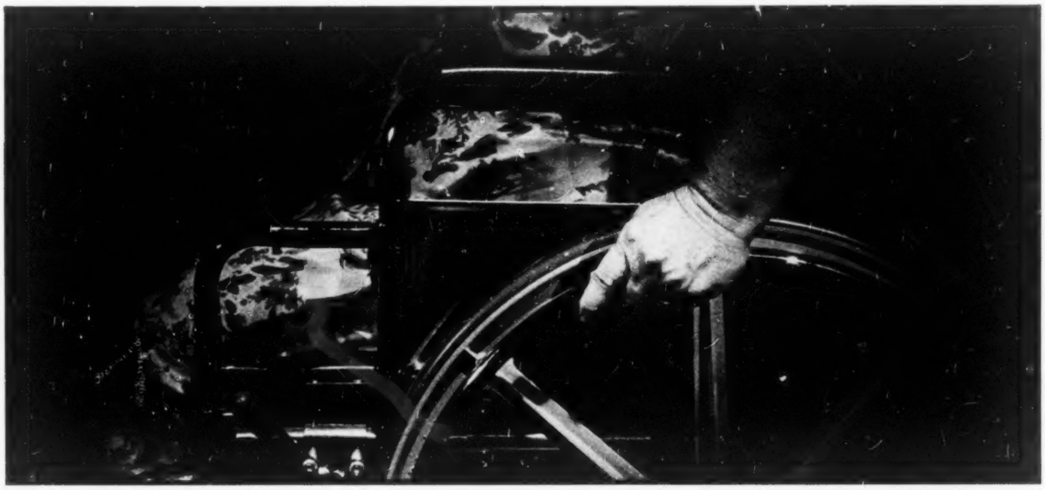


CLIENT SERVICES

Contracted Client Services

In 1986, Joseph A. Califano Jr., former secretary of health, education, and welfare, said that health care will undergo a social and economic revolution as great as any America has known.

The first waves of that revolution are reverberating through Texas. More poor people are becoming eligible for the health care services administered by DHS. Hospitals, physicians, and other providers who treat the increasing number of DHS clients often must absorb the costs of services not covered by Medicaid. As a result, health care professionals, as well as client advocacy groups, are insisting on coverage for more services. Added to their voices are those of Texas legislators, insisting on efficient administration and cost containment while calling for better quality of care and more access to services. By offering health care to more than one million Texans per month, DHS is squarely in the middle of the fray.

To meet at least a measure of these demands, DHS reorganized its health care and contracted programs this fiscal year. Under the agency's former organizational structure, health care programs were administered by three major units: Health Care Services, Services to Aged and Disabled, and Services to Families and Children. With three different administrative directions, inconsistencies in policy and administration were inevitable. Now, health care programs and contracted client services are consolidated in the Contracted Client Services Division.

This change brings a more coordinated approach to health care policy development and contract administration that will benefit clients and providers alike. New policies, such as continuity of care across programs, will let clients make maximum use of available health care services. Service providers will see more consistency and equity in their dealings with the agency. And priorities will be coordinated as DHS takes a proactive interest in clients' health.

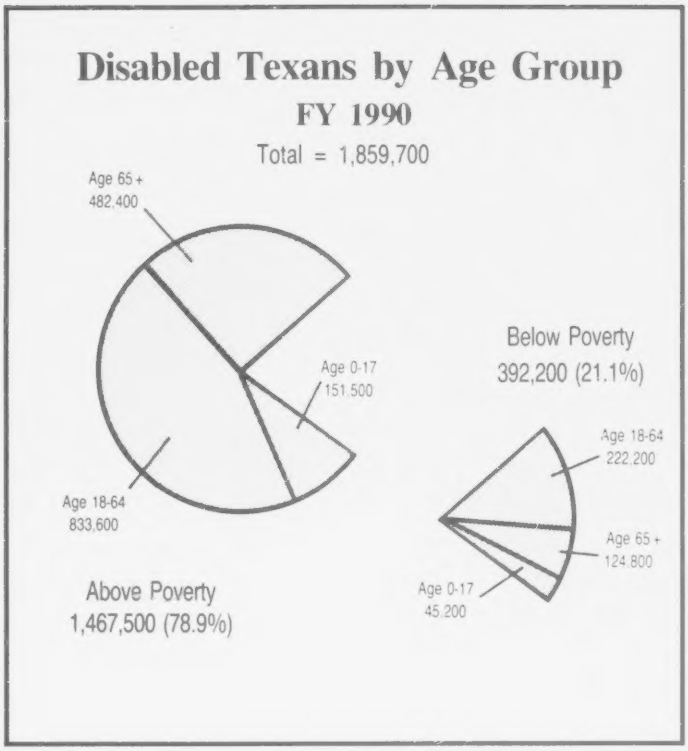
Interagency Initiatives

The 71st Texas Legislature mandated state agencies to work cooperatively on ways to match more federal dollars with state dollars through Medicaid. Through cooperative interagency agreements between DHS and the Texas Department of Mental Health and Mental Retardation (TDMHMR), Medicaid now covers case management and certain diagnostic procedures for eligible clients. DHS is working with other state agencies to offer the following services in fiscal year 1991, pending federal approval:

- case management for visually impaired children through the Texas Commission for the Blind;
- school-related services for children in special education through the Texas Education Agency;
- early childhood intervention services through the Texas Interagency Council on Early Childhood Intervention;
- chemical abuse intervention services for young people under age 21 through the Texas Commission on Alcohol and Drug Abuse; and
- case management services for high-risk pregnant women and high-risk infants under age 1 through the Texas Department of Health.

Services to People With Disabilities

In addition to innovations in service expansions, DHS continued its efforts to develop and deliver services that promote independence and self-determination by establishing an Office on Services to Per-


Disabled Texans by Age Group
FY 1990
Total = 1,859,700

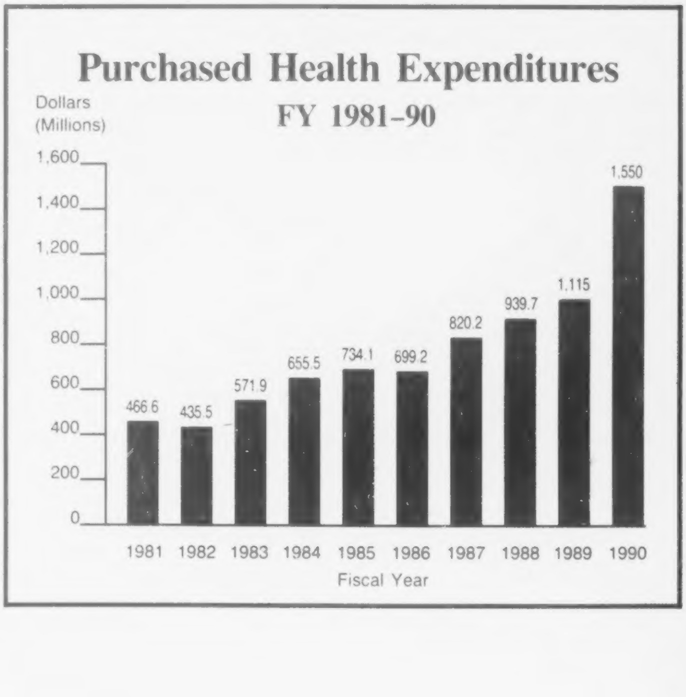
sons With Disabilities. The office promotes effective and efficient policies and programs that meet individualized needs in the least restrictive and most appropriate settings.

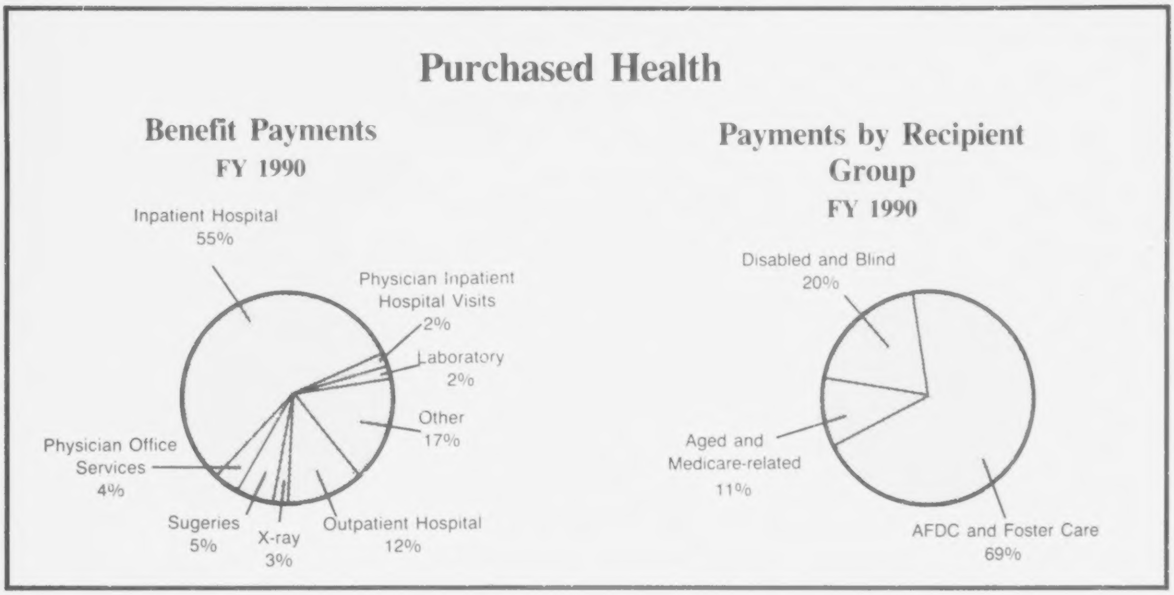
In their first year, office staff developed two programs for approval by the Health Care Financing Administration, one offering community-based services as an alternative to institutionalization for people who are not mentally retarded but have related conditions such as spina bifida or cerebral palsy, and the other for people with mental retardation and related conditions who have been inappropriately placed in nursing homes.

Acute Care Services

The agency's reorganization in fiscal year 1990 brought several related services and programs under the umbrella of the Purchased Health Services Department. Now, besides overseeing the agency's Medicaid contract and handling inquiries from Medicaid clients, Purchased Health Services encompasses related programs such as the Early and Periodic Screening, Diagnosis, and Treatment program; Family Planning; County Indigent Health Care; Medical Transportation; and Integrated Eligibility. Bringing these programs together has streamlined working relationships, enabling the agency to better serve clients who need medical care.

Purchased Health Services administers DHS' Medicaid contract with the National Heritage Insurance Company (NHIC). The state of Texas pays for health care for clients enrolled in Medicaid through this con-

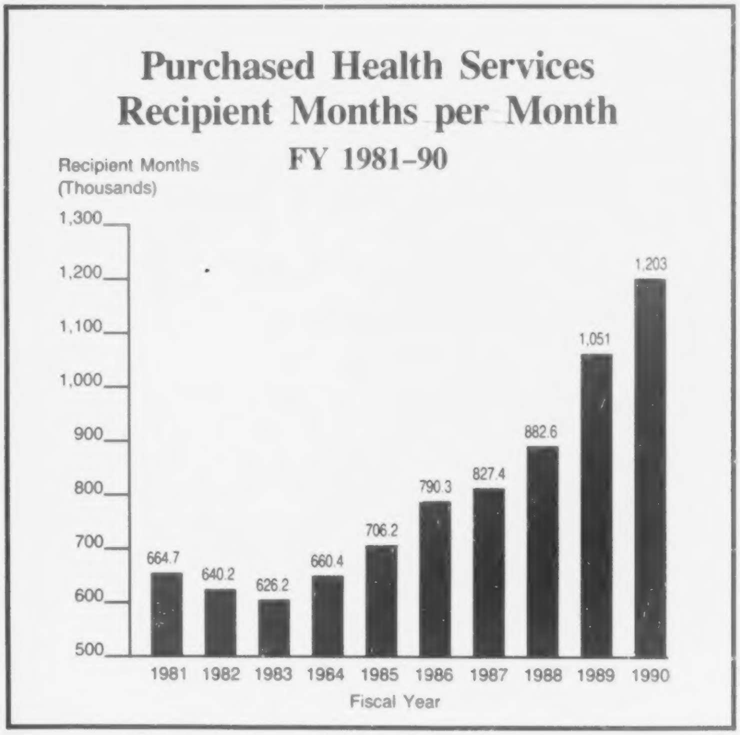

Purchased Health Expenditures
FY 1981–90



Purchased Health

Benefit Payments
FY 1990

Payments by Recipient Group
FY 1990



Purchased Health Services Recipient Months per Month
FY 1981–90

tract. Medicaid services covered under this contract include hospital and physicians' care; laboratory tests and X-rays; and care by chiropractors, podiatrists, psychologists, opticians, optometrists, and other health care providers. In fiscal year 1990, medical services for Medicaid clients cost approximately $1.55 billion, compared to $1.11 billion in fiscal year 1989. These figures include expenditures for supplemental medical insurance benefits premiums, services for aliens, and other services covered on a cost-reimbursed basis.

This year, state and federal legislation expanded the base of providers caring for DHS clients. The program can now pay physical therapists and psychologists directly for serving Medicaid clients. In addition, Medicaid covers services offered by federally qualified health centers, thereby increasing the availability of care in rural areas. For clients needing services at home, Medicaid covers in-home services offered by total parenteral hyperalimentation providers and certified respiratory care practitioners.

Welfare reform precipitated major changes in Medicaid. First and foremost is the availability of transitional Medicaid benefits. Clients who become ineligible for AFDC because they get a job and increase their earnings may receive up to a year of transitional Medicaid benefits. The idea is to help clients avoid returning to welfare because of medical expenses as they re-enter the job market.

Medical Transportation

The Medical Transportation program, implemented by court order in 1974, gives Medicaid clients non-emergency transport to Medicaid services if they have no other means of transportation. (Ambulance transport is provided under the insured contract with NHIC.) Medical transportation is provided by contract with public and private entities such as metropolitan transit systems, taxi companies, school districts, community service organizations, and private corporations. A significant portion of these services is provided by volunteers, who are paid for their mileage.

This cooperative approach has kept costs to a minimum in the past several years. Medical transportation cost $5.1 million in fiscal year 1990, compared to $4.9 million in fiscal year 1989.

Client Services

The Client Services Unit answers questions about Medicaid from clients all over Texas. Last year, the hotline operators answered 53,742 calls and handled 6,554 pieces of correspondence, ranging from requests for help in finding medical specialists who take Medicaid patients to help with meeting eligibility requirements for the Medically Needy program. Hotline operators also refer callers to other agencies and community organizations offering services beyond the scope of the Medicaid program.

Through an agreement with the Texas Department of Health (TDH), the Client Services Unit answers calls on prenatal care through the Medicaid hotline, helps with Integrated Eligibility applications, makes referrals for services, and publicizes the need for early prenatal care. A public service announcement developed by the Media Services Department was released to television stations throughout Texas in August 1989 and resulted in more than 1,250 telephone calls concerning prenatal care. Pamphlets were distributed to educate the community about prenatal care, the dangers of using drugs and alcohol during pregnancy, and sexually transmitted diseases. In fiscal year 1991, TDH will assume responsibility for outreach to pregnant clients.

Integrated Eligibility

The Integrated Eligibility program began in 1985 as a part of the indigent health care measures passed by the 69th Legislature. The legislation required DHS and TDH to coordinate the intake and referral process for various health care programs.

Integrated eligibility expedites clients' access to health and human services by bringing a number of programs together with a single entry point. Using the integrated eligibility process, staff in health care settings can quickly assess clients' situations, channel them into appropriate programs, and help them with the application process.

A major accomplishment in fiscal year 1990 was coordinating the use of a common application form for three DHS programs and the County Indigent Health Care program. Adopting a common form eliminated the need for clients to complete numerous applications. The automated screening and referral process was also expanded to include the Women, Infants, and Children nutrition program, Chronically Ill and Disabled Children's Services, and Supplemental Security Income. With this expansion, nine programs are included in the screening process.

More than 200 locations, ranging from county eligibility sites to public hospitals, reported using integrated eligibility screening tools to refer clients to programs that can meet their needs. During fiscal year 1990, DHS spent $905,323 on integrated eligibility, compared to $640,306 in fiscal year 1989.

Coordinating services and streamlining eligibility processes continue to be the major goals of the Integrated Eligibility program. Health and human service providers at the state and local levels are working together to reduce overlaps and gaps in services, establish single points of entry when possible, and explore likely funding sources. As a result, they have improved clients' access to services and eligibility, reduced duplication of effort among agencies, and ensured appropriate use of state and local funds.

County Indigent Health Care

In 1985, the 69th Texas Legislature enacted laws to provide health care for medically needy people who do not qualify for Medicaid. DHS is responsible for establishing guidelines for the County Indigent Health Care Program (CIHCP), which provides health care benefits to the poorest of the poor.

The program covers the 142 counties not fully served by public hospitals or hospital districts. According to the law, if an indigent patient is a resident of a county area not served by a public hospital or hospital district, the county is financially responsible for the patient's health care. Other laws passed in 1987 and 1989 increased the number of counties liable for health care by eliminating the indigent health care responsibilities of certain public hospitals.

A county is legally liable for spending up to 10 percent of its general revenue tax levy for hospital and medical services for county residents who meet AFDC income and resources limits but are ineligible for Medicaid. These people are primarily men, non-pregnant women, women without dependent children, married couples, and illegal entrants to the United States. Their incomes must be below 25 percent of the federal poverty level.

Once a county reaches the 10 percent limit, DHS reimburses 80 percent of additional county expenditures. While total county liability is unlimited as long as state assistance funds are available, liability for each eligible resident is limited to $30,000 or 30 days of hospital or skilled nursing facility care per year.

Eligible county residents receive inpatient and outpatient hospital care, physician services, laboratory services, X-rays, family planning services, skilled nursing care, rural health clinic services, and up to three prescribed drugs per month.

DHS develops rules used by counties that operate the program and provides technical assistance and support. Service definitions and payment rates are based on the Medicaid program. The agency is also responsible for resolving residency disputes between governmental entities and providers but has no program enforcement authority. A health care coordinator in each DHS region serves as liaison between the agency and local health care programs.

The 1985 legislation also requires public hospitals to provide inpatient and outpatient hospital services to eligible residents who live within their service areas. Currently, public hospitals and hospital districts are responsible for providing indigent health care in 129 counties.

Public hospital eligibility requirements cannot be more restrictive than those DHS developed for counties. The 70th Legislature exempted hospital authorities from the responsibilities mandated for public hospitals. The 71st Legislature exempted certain leased, city-owned, and city-and-county-owned hospitals from public hospital responsibilities.

Hospital districts are required to provide indigent residents with the health care services specified by the state constitution and enabling legislation. The 71st Legislature enacted laws eliminating the need for specific legislation to establish a hospital district.

During fiscal year 1990, counties spent more than $22 million in local funds for mandatory services for eligible residents, up from $19 million in fiscal year 1989, and approved more than 22,411 people for health care services, compared to more than 18,864 people approved last year. Eleven counties received about $2 million in state assistance last year. In fiscal year 1990, 11 counties received about $1.3 million in state matching funds.

Distribution of federal State Legalization Impact Assistance Grant (SLIAG) Program funds to counties is also the agency's responsibility. SLIAG was established under the Immigration Reform and Control Act of 1986 to partially defray costs to state and local governments for providing health, public assistance, and educational services to eligible legalized aliens.

Counties providing health care services to legalized aliens under the act are eligible for 100 percent federal reimbursement for service costs through the SLIAG Program. Counties spent about $.5 million to cover services for legalized aliens in fiscal year 1990, compared to $.5 million in fiscal year 1989. A recent federal Medicaid expansion reduced county caseloads and expenditures by enabling certain illegal entrants and eligible legalized aliens to qualify for Medicaid.

An Indigent Health Care Advisory Committee was formed during fiscal year 1990 to better respond to local needs and obtain information from counties and provider groups. Eleven voting members represent county elected officials, CIHCP administrators, and consumers in each DHS region. The four non-voting ex officio members represent the Texas Association of Counties, the County Judges and Commissioners Association of Texas, the Texas Medical Association, and the Texas Hospital Association. The advisory committee played a valuable and active role in developing new CIHCP policies and procedures.

Family Planning and Genetic Services

In 1969, federal regulations required DHS staff who work directly with clients to discuss family planning with them and refer those who wanted birth control services to community resources. In 1972, in an effort to reduce the number of births occurring out of wedlock, the Social Security Act mandated every state to offer clients family planning services and provide them promptly upon request. Failure to comply can result in a penalty against the state's AFDC funding.

In 1973, Texas began to offer family planning services statewide through purchased provider services. The contracts provide medical services, as well as counseling and education, to encourage clients to voluntarily limit family size, prevent unintended or out-of-wedlock pregnancies, space their children's births, and make informed reproductive choices.

In 1981, with federal approval, DHS began to offer Title 19 genetic services—including testing, diagnosis, and counseling—to help eligible clients who are at risk of genetic disorders make decisions about having children.

In fiscal year 1990, DHS paid genetic service claims for 1,671 Title 19 clients at a cost of $394,536. The average annual cost per client in fiscal year 1990 was about $236.10. By contrast, in fiscal year 1989, genetic services claims were covered for 957 Title 19 clients, with an average per-client cost of $206 and a total cost of $196,901.

The agency contracts with 79 family planning agencies operating 350 clinic sites and reimburses them from Title 19 and 20 funds for serving eligible clients. In addition, about 11,000 private physicians offering family planning services and 12 genetic services contractors are certified for reimbursement through Title 19.

A legislative increase of $3.55 million to serve more Title 20 clients and a mandated increase in the Title 19 population resulted in 371,780 people participating in family planning this fiscal year at a total cost of $49.3 million. This represents a 32.9 percent increase in funding over fiscal year 1989, when 313,600 people were served at a cost of $37.2 million.

Despite these increases, 63 percent of those in need are not being reached because of limited funds. Teen-age pregnancy continues to be a problem of extreme proportions. This year, Texas maintained two rankings of dubious distinction—it is fourth among the states in the rate of pregnancies for girls ages 15 to 19, and it has the highest number of births to girls ages 14 and younger.

Family planning services are remarkably cost-effective. For each dollar spent on Title 19 family planning services, the state saves an estimated $5 in first-year welfare costs. Each dollar spent on Title 20 family planning services saves about $4 in first-year welfare costs.

In fiscal year 1990, DHS family planning services averted an estimated 56,226 births, saving an estimated $227.3 million in first-year benefits, counting AFDC, food stamps, and Medicaid. This represents a 41 percent increase in savings to DHS over fiscal year 1989, when an estimated 47,400 births were averted for a savings of $161.2 million in first-year benefit costs.

In fiscal year 1990, the family planning and genetic services programs made several changes to improve communication with clients and ease their access to services, and to enhance coordination among state agencies. DHS and TDH established the Family Planning Interagency Advisory Council and revised their memorandum of understanding on family planning issues. Through the Interagency Advisory Council for Genetic Services, DHS, TDH, and TDMHMR improved coordination of genetic services in Texas.

DHS also developed a family planning eligibility form after receiving board approval to raise Title 20 income eligibility limits to 150 percent of the federal poverty guidelines and consolidate family planning eligibility rules. To raise public awareness of the services available, DHS offered statewide training to direct delivery staff and developed new brochures and videos on family planning and genetic services.

EPSDT

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is a preventive medical and dental health care program for Medicaid recipients under age 21. Care is provided under contract with DHS by physicians, home health agencies, health departments and clinics, and other appropriate health care professionals.

The program is designed to detect and treat medical and dental problems early and link recipients with primary health care providers who can meet their current and future needs for care. Medical screenings include a comprehensive physical and mental history, developmental assessment, unclothed exam, health education, hearing and vision screening, laboratory services, and immunizations for childhood diseases. Dental screenings and treatments include preventive, therapeutic, orthodontic, and emergency services. On April 1, 1990, EPSDT- and Medicaid-eligible children became eligible for comprehensive Medicaid services for the diagnosis and treatment of physical and mental conditions identified during medical screenings.

During fiscal year 1990, 168,935 medical screenings and 167,615 dental services were provided to eligible children, representing increases of 53,947 medical screenings and 32,093 dental services over fiscal year 1989. This fiscal year, services cost almost $29.2 million, compared to $23.1 million in fiscal year 1989.

Pharmacy Services

During fiscal year 1990, the Texas Vendor Drug program developed new rules that allow DHS to contract for services with TDMHMR and other state facilities and to limit payment for certain drugs under a Drug Utilization Review program. After extensive negotiations, the Health Care Financing Administration agreed to amend reimbursement methods in the Medicaid State Plan, thus freeing the DHS board to grant the first increase in the pharmacy dispensing expense since 1985. The program also succeeded in getting drug rebates from pharmaceutical manufacturers. The rebates, along with limitations on the use of some drugs, should produce savings that will ensure the agency's ability to continue coverage of essential drug products.

Despite these successes, funding concerns continued to require creative solutions to ensure coverage of critical drugs and encourage provider participation. Because providers were concerned about potential profit opportunities, DHS formed an ad hoc committee to study appropriate profit levels. The committee ultimately recommended that a method be developed for paying profits in all Medicaid programs.

The average prescription price rose from $18.46 in fiscal year 1989 to $20.22 in fiscal year 1990, while the number of recipients served increased from 324,972 per month to 373,218 per month. Providers dispensed 9,792,158 prescriptions, up from the 8,649,574 prescriptions dispensed in fiscal year 1989. Total program expenditures increased from $160.4 million in fiscal year 1989 to $198.8 million in fiscal year 1990.

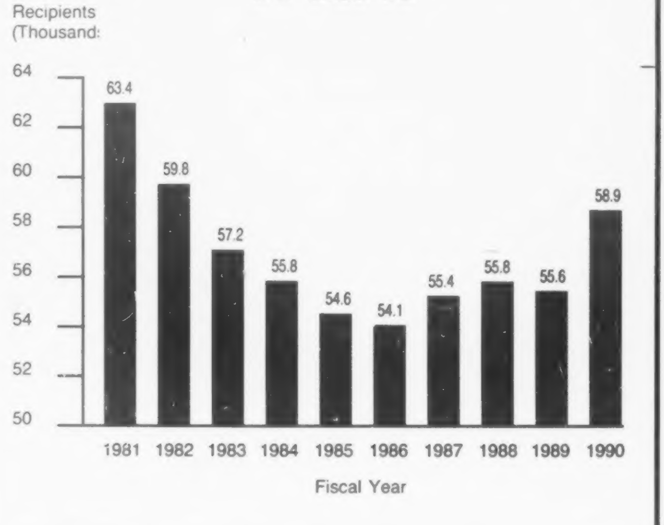
Institutional Care

Eligible DHS clients who can no longer be cared for at home and who need daily nursing care in an institution may receive nursing home services through the agency. DHS reimburses nursing homes for the care they give Medicaid clients by basing payments on the levels of effort necessary to adequately care for the clients.

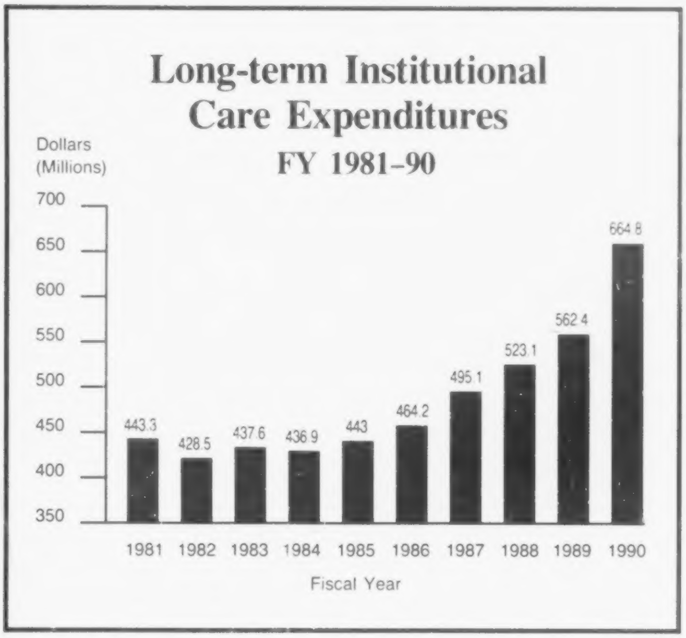
The nursing home program has undergone a series of changes over the past two years as the result of federal nursing home reform mandates and changes in financial eligibility criteria for nursing home care. And more changes can be expected. Effective Oct. 1, 1990, for example, there will no longer be a distinction between skilled nursing facilities and intermediate care facilities—both entities will be designated as nursing facilities.

During fiscal year 1990, an average of 58,855 people per day received nursing home care

Long-term Institutional Care Recipients per Month
FY 1981–90



at an annual cost of $664.8 million. The previous year an average of 55,581 clients per day received care at an annual cost of $562.4 million.



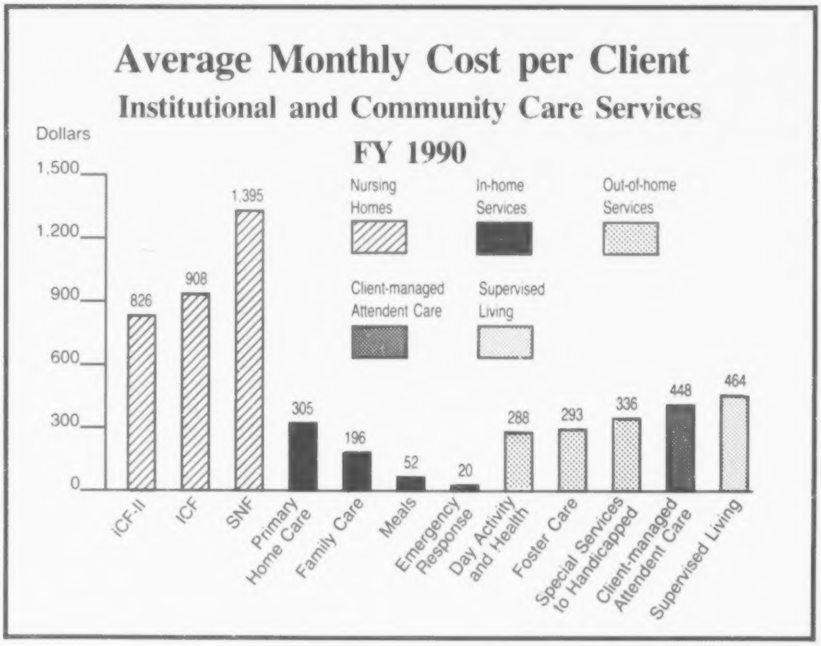
Long-term Institutional Care Expenditures FY 1981–90

Medicaid clients in nursing homes may be eligible for rehabilitation services through the Goal-directed Therapy System, which provides physical therapy, occupational therapy, and speech language pathology services. During this fiscal year, an average of 69 clients per month received services for a total cost of $344,448 as compared to 63 clients per month served in fiscal year 1989 at a total cost of $207,221.

In August 1990, DHS began the Swing Bed program, which allows rural hospitals in counties with populations of 100,000 or less to use some beds interchangeably for acute hospital services and nursing home care when no nursing home beds are available in the area. Hospitals must be participating in the Medicare Swing Bed program to be eligible, and meet other criteria as well.

Community Care

Community care is a group of services designed to prevent or delay institutionalization of elderly and disabled Texans by helping them achieve or maintain independence. They may get help through 12 different service options, ranging from in-home attendant care services for assistance in performing daily activities such as bathing, dressing, grooming, preparing meals, and housekeeping, to community placement alternatives such as foster care homes and personal care homes. Eligibility is



Average Monthly Cost per Client
Institutional and Community Care Services
FY 1990

based on income and resource limits similar to those for nursing home care and on functional need.

Regional staff are the case managers for clients in most community care services. Services are delivered by contracted providers, including home health agencies, independent living centers, senior centers, community action agencies, local mental health and mental retardation centers, cities, counties, families, and individuals.

The two largest community care services, Primary Home Care and Family Care, helped clients for up to 30 hours per week with the activities of daily living in their own homes. Primary Home Care and Family Care provided similar services, but Primary Home Care, which serves people who are eligible for Medicaid, requires a medical need for personal care assistance, a physician's approval, and nursing supervision.

This fiscal year, the agency obtained approval from federal officials to extend the Waiver 5 program for an additional 12 months, thus allowing more than 5,000 Primary Home Care clients to continue receiving services under the waiver. Options are being explored to ensure continued help for those receiving Waiver 5 services.

Congregate and home-delivered meals served hot, nutritious meals in a central location or a client's home. All menus were approved by a registered dietician or nutritionist.

The Emergency Response Services program provided a 24-hour electronic monitoring system for functionally impaired adults who lived alone or who were physically isolated from the community. In an emergency, the client presses a call button to signal for help. Staff at a base station then alert a preselected volunteer to check on the client who made the alarm call.

Day Activity and Health Services helped elderly and disabled clients with personal care, nursing services, physical rehabilitation, meals, transportation, and supportive services in facilities that are open at least 10 hours per day, five days a week. The services, which are funded primarily through Medicaid, expanded in fiscal year 1990 from 33 licensed and certified facilities to 51 across the state, making this a viable option for more disabled and elderly Texans.

Residential Care services included room, meals, 24-hour protective supervision, personal care, social and recreational activities, home management, escort services, and transportation for clients living in a variety of arrangements from apartments to converted nursing facilities.

Adult Foster Care provided supervision and assistance with daily living to eligible adults in 24-hour settings. Adult foster care homes provide care for up to four clients, and licensed group homes provide care for five to eight. In Adult Foster Care, the client pays for his own room and board, and DHS pays the caregiver for the personal care and supervision services.

The Tel-assistance program helped poor and disabled elderly people who are heads of households with their telephone bills through a fund established by the Public Utilities Commission.

The agency also offered community care services that addressed the special needs of people with disabilities. Home and Community-based Services for the Mentally Retarded provided a range of services from homemaker and habilitation to occupational and physical therapies through contracts administered cooperatively with TDMHMR. These services were purchased through a Medicaid waiver program.

Through the Medically Dependent Children's Waiver Program, 120 severely disabled children who qualify for institutional care received in-home skilled nursing care and respite services.

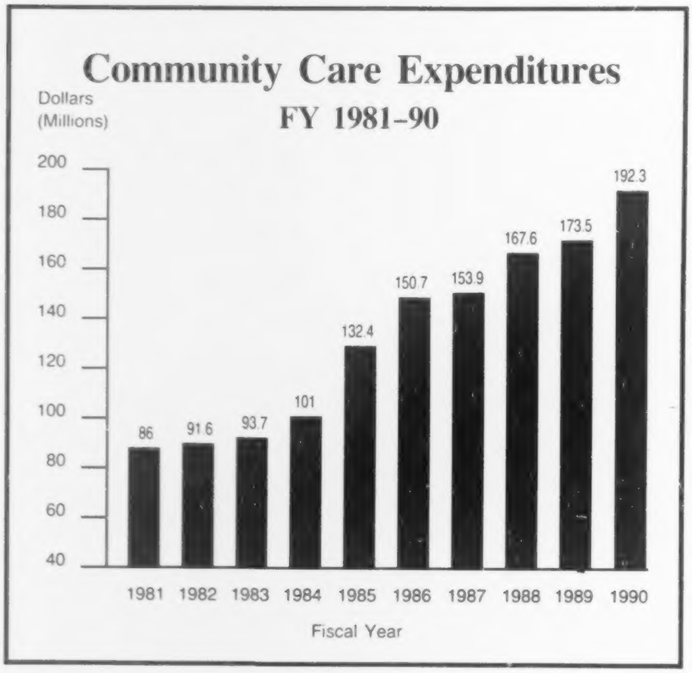
Client Managed Attendant Services provided personal care for clients with disabilities who can hire and supervise their own attendants and schedule care according to their daily routines. Clients with incomes above the eligibility level for community care make copayments toward the cost of care. During fiscal year 1990, the number of sites offering client managed attendant services increased from three to five.

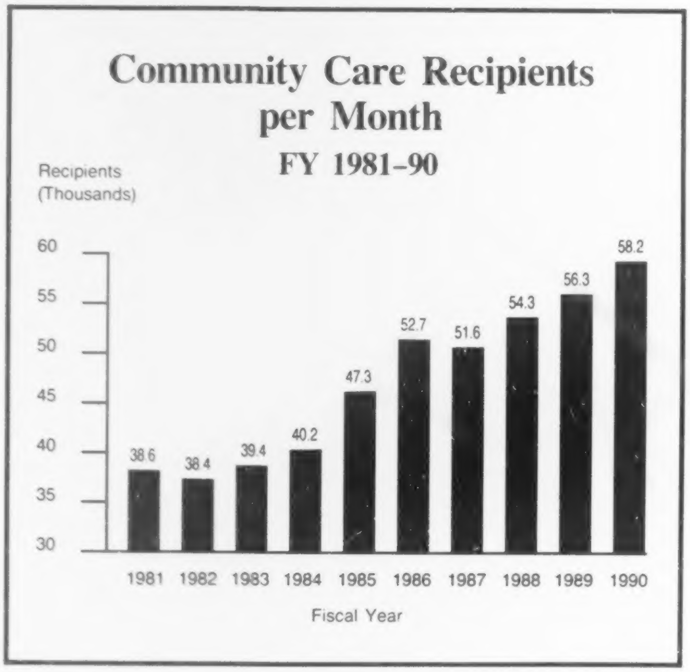
The Special Services to the Handicapped program offered counseling, personal care, interpreters for the hearing impaired, and help with developing needed independent living skills to adults who have disabilities.

A new program, Qualified Disabled and Working Individuals, began July 1, 1990. Federal law requires DHS to pay the Medicare Part A premium for certain working people with disabilities who have lost free Medicare Part A because of earnings.

Community care staff stepped forward to meet a twin challenge in the new decade: an increasing population of elderly and disabled people who need services to remain independent, and an expectation that the services offered will be tailored to individual clients' needs and preferences. The challenge was intensified by limited state resources.

The agency's response was a creative use of funding sources to expand availability of community-based long-term care options. One solution was using Medicaid funds, in place of fixed social service block grant funds and state dollars, to increase the availability of services. As a result, Primary Home Care has become, in its 10 years of existence, the second largest Medicaid personal care program in the nation.


Community Care Expenditures
FY 1981–90


Community Care Recipients per Month
FY 1981–90

In fiscal year 1990, staff concentrated on expanding service delivery options funded under waivers of Medicaid regulations. Community care staff worked with the agency's Office on Services to Persons With Disabilities and the Task Force on Disabilities to develop Community Living Assistance and Support Services (CLASS), a Medicaid waiver program for people with conditions such as spina bifida or cerebral palsy. By February 1991, DHS plans to contract for CLASS services for 250 people in five locations in the state. The program will provide case management; habilitation, respite, nursing, and psychological services; physical and occupational therapy; speech pathology; adaptive aids; and minor home modifications.

Because clients' characteristics and needs constantly change, staff continually review services to define emerging needs and develop new options to address the needs. Community care staff have formed close working relationships with client advocacy groups and service provider associations so that services are developed and refined in an atmosphere of open communication. As a result of this partnership, the CLASS program will not only offer new services, it will also be a model for independent case management and for standards that measure the effect of services on the client's quality of life.

Staff also worked with the Attendant Task Force of Texas and the Texas Medical Association to broaden personal care services to include health-related tasks performed by attendants acting under physicians' orders.

Under a memorandum of understanding with other state agencies, DHS began efforts to prevent duplication of all community care services. To help staff better assist clients, the *Community Care for Aged and Disabled (CCAD) Handbook* was revised to include descriptions of services available from other state agencies.

Staff also developed and tested revised instructions for Form 2060, the questionnaire used to assess clients' needs. The revised instructions will help ensure that community care services are available to clients with a clear need and that the degree of assistance is fairly and equitably determined across the state.

Community care programs served an average of 58,177 clients per month in fiscal year 1990 at a cost of $192.3 million. This compared to 56,283 clients served per month last fiscal year at a cost of $173.5 million.

In September 1989, the CCAD monthly income limit was significantly increased, from $735 to $1,104 for individuals, and from $1,450 to $2,208 for couples. On Jan. 1, 1990, the income limits were raised again to $1,158 for an individual, and $2,316 for a couple.

In-home and Family Support

The In-home and Family Support program began in 1988 as a pilot project in San Antonio with funds from the Texas Planning Council for Developmental Disabilities and DHS. It was expanded in 1990 into a statewide program, serving about 639 people at an estimated cost of $1.6 million. The program enables people with physical disabilities to select and pay for services or supplies that will allow them to live at home with cash subsidies of up to $3,600 per year. In addition, they may receive one-time grants of up to $3,600 for architectural modifications or major equipment purchases. There is no income limit for program participants; however, people with countable income above 185 percent of the poverty level must pay for part of the costs of the purchased items.

AIDS Case Management

In February 1990, DHS started a pilot project for people with Acquired Immune Deficiency Syndrome (AIDS) to test the feasibility of providing community-based services as an alternative to institutionalization. Project services include case management, homemaker services, skilled nursing care, outpatient narcotic and drug abuse treatment, and coverage of certain private insurance premium payments. The project, operating in Bexar, Dallas, El Paso, Harris, Tarrant, and Travis counties, will continue through August 1991.

Transition Services Agreement

DHS and five other Texas state agencies developed a memorandum of understanding outlining each agency's responsibility for providing services to help students enrolled in special education prepare for a successful transition to adult life. The agencies plan to use information to develop other ways to serve people with disabilities.

Contracted Services

DHS contracts with a variety of public and private providers for most client services. Aiming always toward the best possible services for clients at the least possible costs, DHS consolidated the administration of routine program service contracts into the Contracted Services Department this fiscal year. Contracted services staff administer eight U.S. Department of Agriculture (USDA) nutrition assistance programs, the emergency and ongoing repatriation programs, and the Individual and Family Grant Program (IFGP). To improve communication with staff, contractors, and other interested people, the agency involved advisory groups in program development, provided handbooks for all program areas, instituted a policy alert system for contractors, and developed materials to encourage greater program participation. The agency also increased training opportunities for field staff, centralized IFGP support functions, delegated contract sign-off responsibilities to field staff, and improved automation activities and capabilities.

Child Nutrition

In fiscal year 1990, the Child Care Food program and the Adult Day Care Food program merged as the Child and Adult Care Food Program (CACFP). The merger was implemented with no funding increases. This year, 23 adult centers applied for participation in the program, for an approximate annual expenditure of $4 million. Because Day Activity and Health Services centers are now required to participate in the CACFP, participation will increase.

Day homes' and child-care centers' participation in the food program increased from 381 contractors in fiscal year 1989 to 404 in fiscal year 1990. Contractors were reimbursed $60.7 million this year for feeding about 92,000 children and adults, up from $47.2 million for 82,237 children and adults in fiscal year 1989.

Schools, institutions, and summer camps in the Special Milk program gave needy children about 1 million half-pints of milk this fiscal year. And more than 30,000 children in private schools and residential child-care institutions got free or reduced-price meals through the National School Lunch and School Breakfast programs this year. The programs also subsidize breakfasts and lunches for all children, regardless of economic status. DHS staff are working on a way to make food stamp and AFDC children eligible for school lunch and breakfast programs without submitting more applications.

Recent emphasis on the relationship between a nutritious breakfast and educational excellence prompted Congress to authorize start-up funds for the School Breakfast program, a move likely to increase future participation. Staff anticipate that additional contractors will be interested since only about one-fourth of the current school lunch contractors participate in the breakfast program.

The Summer Food Service program is designed to bridge the nutritional gap during holidays and the summer for children participating in the National School Lunch program. With the help of the Texas Association of Community Action Agencies and increased outreach increased outreach efforts, participation in the program increased by more than 15,000 children per day at almost 100 additional sites. In fiscal year 1990, contractors were reimbursed $6.5 million for feeding about 89,000 children, compared to $6 million for 61,729 children in fiscal year 1989. This fiscal year, the program was also expanded to include year-round National Youth Sports programs and feeding sites for the homeless.

Although the program has experienced much-needed expansions this year, federal regulations have complicated contractor participation by not allowing food service management companies to participate throughout the year under one administrative structure. DHS and USDA Food and Nutrition Service staff are working to revise the regulations.

Nutrition Education and Training

Through workshops, a lending library, and instructional materials, the Nutrition Education and Training program (NET) offers training in nutrition and food service management as well as nutrition education activities for schools and child-care institutions to improve children's nutritional status. This fiscal year, 2,050 participants represented 351,000 children at 110 workshops conducted by NET staff, compared to 1,920 participants representing 336,000 children in 120 workshops last fiscal year. NET's lending library circulated approximately 3,600 materials and served 350 patrons who reached more than 25,000 children and educators. The NET library collection was designated this year as the main clearinghouse for Texas School Food Service Association certification curriculum materials.

Food Distribution and Processing

Through the Food Distribution program, 1,253 schools, the most common recipient of donated commodities, received almost 91.5 million pounds of food in fiscal year 1990, a decrease from the 1,266 schools receiving 110 million pounds of food and food products in fiscal year 1989. This year, because of the lack of bonus dairy items, USDA-donated commodities valued at $50.9 million fed more than 1.8 million children each day, compared to food valued at $69 million for 1.8 million children each day in fiscal year 1989.

Program staff continued to seek ways to integrate the distribution of USDA-donated commodities with existing commercial channels. A private sector distribution system promises to save money, especially for school districts; save time by ensuring weekly, rather than monthly, deliveries; and save perishable foods by providing refrigerated transport. The cost for participating agencies would also be equalized if all commodities were delivered on a cost-per-case basis regardless of destination.

Food Distribution program administration costs were funded primarily by user fees assessed against recipient agencies until Contracted Services was authorized this fiscal year to transfer $1.3 million unused by the Texas Education Agency to pay for distribution to schools. As a result, schools are no longer assessed user fees, and administrative funds were used to pay for distribution to charitable agencies this fiscal year.

Schools participating in the National School Lunch program also benefit from the food processing component of the Food Distribution program. In fiscal year 1990, 16 processors used more than 1.2 million pounds of 16 different commodities to produce 20 different end products for use in schools.

Through the Temporary Emergency Food Assistance program (TEFAP), approximately 3,231,934 Texas households received 35.8 million pounds of donated food valued at $19.3 million this fiscal year. Donated foods included butter, flour, cornmeal, peanut butter, canned pork, canned green beans, vegetarian beans, honey, egg mix, and raisins. However, the items were not available all the time, and popular items, such as cheese, were not available at all. As a result, participation decreased. In fiscal year 1989, 3,407,932 households received 33 million pounds of foods valued at $16.9 million.

Because distribution costs for TEFAP commodities are disproportionate to the value of the food available, DHS staff planned a pilot project for fiscal year 1991 in the Houston area to demonstrate cost savings by contracting with agencies having existing food distribution systems. A decision on the agency's request to waive USDA rates and conduct the project is expected in early fiscal year 1991.

In cooperation with the Texas Department on Aging, DHS participated in the USDA Commodity Demonstration Project, using USDA-donated commodities at congregate feeding sites for the elderly. As part of the project, 12 area agencies served more than 5.7 million meals to 21,000 elderly Texans. The 1 million pounds of food was valued at more than $630,000.

Disaster Assistance

Since 1974, the Individual and Family Grant Program (IFGP) has provided more than $76 million to more than 37,000 victims of floods, hurricanes, tornadoes, and other disasters when insurance and other avenues of assistance have been exhausted. In fiscal year 1990, Congress increased the maximum amount of cash assistance available to individuals or families from $10,000 to $10,400. Seventy-five percent of the grant amounts are funded by federal dollars; 25 percent by state dollars.

In addition to the increase in the maximum grant, the program established a federal-state automation partnership that allows the grant program to be operated centrally out of state office with telephone and automation connections to the Federal Emergency Management Agency. This step reduces administrative costs while improving customer service because of the ease and accuracy of communications.

Major storms in fiscal year 1990 precipitated a presidential declaration on May 2. The disaster period extended from April 15 through June 4 and included 58 Texas counties. During that time, the agency approved more than 8,584 applications and paid more than $9 million in assistance.

Repatriation Program

Contracted Services manages two types of repatriation: ongoing and emergency. Both are 100 percent federally funded.

In fiscal year 1990, ongoing repatriation provided medical care, lodging, meals, transportation, and resettlement services, which were handled largely through contracts with Traveler's Aid in Houston and Catholic Social Services in Laredo.

No situations resulted in an emergency repatriation declaration in Texas in fiscal year 1990.

PROTECTIVE

SERVICES

Protective Services

Fiscal year 1990 brought massive changes in the organizational structure of DHS programs that focus on helping vulnerable people—children or adults—who need protection. In response to recommendations from a study conducted by Touche Ross Inc., Protective Services for Families and Children, Adult Protective Services, and the Licensing Department were brought together under the new Protective Services Division. The restructuring was based on similarities in the principles underlying the programs.

The biggest changes occurred in Protective Services for Families and Children. A special team assigned to the Resource Outcome Model Project (ROMP) examined the Child Protective Services (CPS) delivery system, the costs of providing services, results produced by the services, and ways to affect the results by changing how services are provided. The team also studied recidivism—why families and children re-enter the CPS system—to find ways to improve services and reduce recurring abuse.

The Licensing Department also had its share of changes this fiscal year. Based on recommendations of a task force appointed to examine the organizational structure of day-care and residential care licensing, the program was reorganized to reduce administrative costs, centralize day-care licensing administration, and increase managers' spans of control.

Of the three programs, only Adult Protective Services remained essentially unchanged.

Protective Services for Families and Children

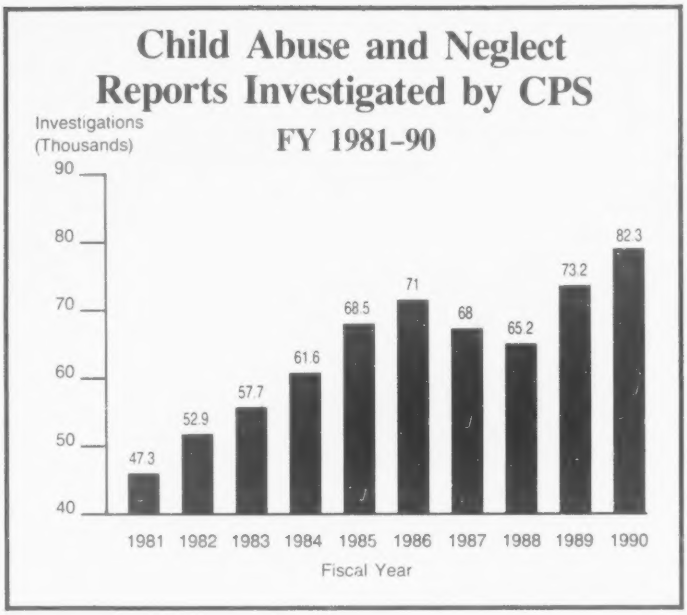
The Protective Services for Families and Children Department includes three programs: Child Protective Services, Family Violence Services, and Services to Runaways and At-risk Youth. The CPS program is mandated by state law to protect children from abuse and neglect by people responsible for their care, custody, or welfare, as defined by the Texas Family Code. When a child has been a victim or is at substantial risk of abuse or neglect and needs protection from further harm, DHS staff or contract providers intervene with services for both the child and the family. The Family Violence program tries to reduce or prevent domestic violence by providing appropriate services for victims, most of whom are battered women and their children. Family violence services are provided through contracts with shelter centers. The third program, Services to Runaways and At-risk Youth, contracts with providers to offer counseling and emergency shelter to runaway children and youths.

Child Protective Services

About 8½ percent of Texas children are at risk of child abuse and neglect. In 1990, that amounted to approximately 424,800 children.

The CPS program receives and investigates reports of child abuse and neglect. In addition, the program provides services to abused or neglected children and their families, places children in substitute care if necessary, develops and maintains foster homes, and provides adoption services for children who cannot be reunited with their families.

Reports of child abuse and neglect are received through local CPS staff or a statewide 24-hour, toll-free hotline. During fiscal year 1990, CPS investigated 82,308 reports of child abuse and neglect, up 12 percent since fiscal year 1989.



Child Abuse and Neglect Reports Investigated by CPS

FY 1981–90

No one knows the exact reasons for this dramatic increase, but staff have identified some probable causes. One is chemical dependency in parents, particularly addiction to crack. A 1990 DHS study showed substance abuse to be a factor in about 45 percent of the cases in which child abuse or neglect was substantiated.

Other factors also contribute to child abuse. The economic situation in Texas translates into homelessness and poverty for many families. A mobile society and the high number of single parents often mean isolation and lack of support for parents. And abusive parents often were abused as children themselves.

When CPS staff receive reports of child abuse or neglect, they assign a priority to each case, based on the severity of the alleged abuse and the immediacy of alleged danger to the child. The priority determines how quickly the investigation begins. If there is an immediate threat of serious physical harm or death, the investigation begins as soon as possible—definitely within 24 hours. All other investigations begin within 10 days.

Receiving and investigating reports of child abuse or neglect are only the first steps for CPS. If child maltreatment or a high risk of it is identified, CPS staff may offer services to address the underlying problems.

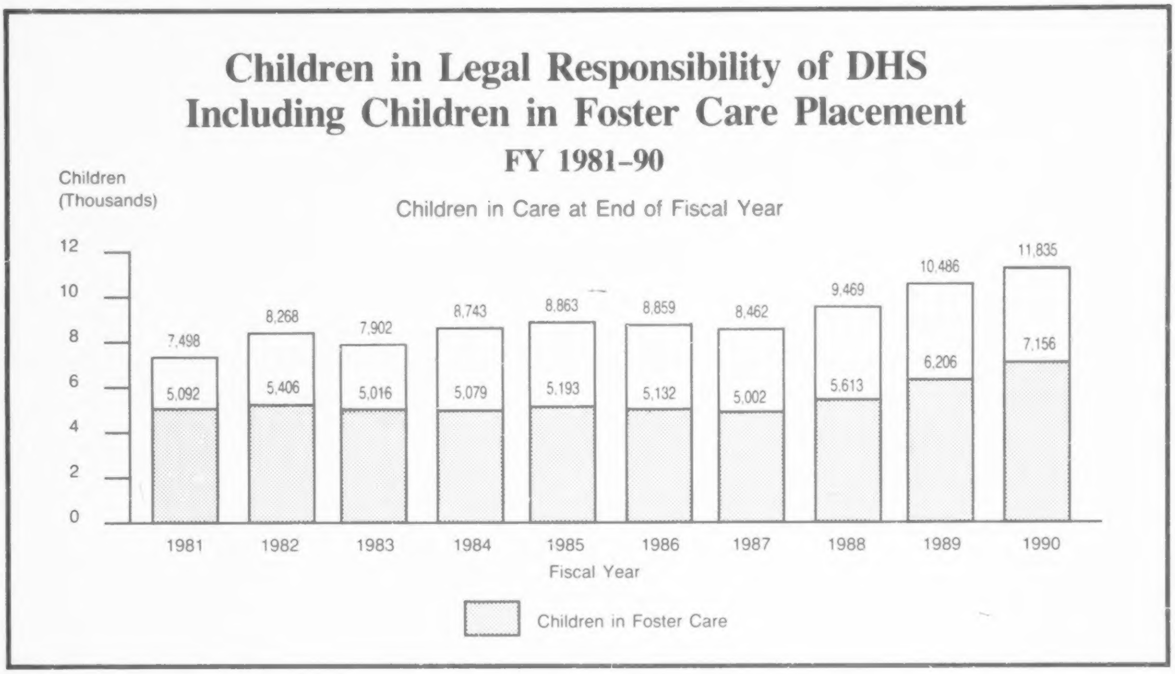
If an investigation indicates the need for continuing protective services, and it appears that the child's safety can be maintained at home, in-home family preservation services may be appropriate. Family preservation services are designed to help prevent the recurrence of child abuse or neglect and avoid the trauma the child would feel if removed from home. The caseworker and family work together to develop a service plan that will strengthen the family's ability to give the child a safe environment.

The program does not attempt to meet all the family's needs. The point is to help them resolve the problems that led to the abuse or neglect so the child may safely remain with the family. The services provided by staff, contract providers, or other community resources may include protective day care, emergency homemaker services, parent aide services, community treatment, and case management.

In fiscal year 1990, the CPS program received funds allocated specifically for contracted in-home services. These funds enabled the program to expand services to families and increase the number of families served. Family preservation cases are closed when it appears that the children will be safe wthout CPS supervision.

If a child's safety is in jeopardy at home, a court may place the child temporarily in foster care. The caseworker and the family jointly develop a service plan, drawing on the same types of resources offered in in-home services. The goal is to help the family become safe so the child can return home.

As the number of reports investigated has increased, so has the number of children in foster



Children in Legal Responsibility of DHS Including Children in Foster Care Placement

FY 1981–90

care. In Texas, 6,206 children were in foster care at the end of fiscal year 1989. By the end of fiscal year 1990, 7,156 children were in foster care, an increase of 15.3 percent. Obviously, this increase carries significant costs. In fiscal year 1989, the program spent $41.6 million for foster care; that figure rose to $66.1 million this year. The higher costs also reflect a rate increase in September 1989. Even so, the program's allocation is only enough to reimburse facilities at about 82 percent of the rates recommended by the Health and Human Services Coordinating Council.

Foster care is often the best available alternative to ensure the safety of children who cannot remain in their homes. Unfortunately, the number of available foster homes has not kept pace with the increasing number of children entering the system. In addition, the foster homes available are not always prepared to meet the children's needs and ensure successful placements. Because of this, children may move through several foster care placements before they return home or are placed in permanent alternative care.

The CPS program is addressing this problem in several ways. The program added a position for a statewide recruiter this year. The recruiter will lead statewide recruitment efforts for both foster and adoptive families. The first recruitment campaign, seeking families to care for children with disabilities, will begin in the fall of 1990. In October 1990, the agency will install a statewide toll-free number to respond promptly and accurately to calls from potential foster and adoptive parents.

Some local CPS units are developing assessment centers to help make better initial placements. In these centers, the child's emotional, physical, and mental needs are thoroughly assessed before the child is placed with a foster family. This process also helps identify the types of children for whom the program needs more resources.

During fiscal year 1990, the program began statewide training for the Model Approach to Partnerships in Parenting. This training model for prospective foster and adoptive families helps the families determine their capabilities and the types of children with whom they would be well-matched.

The program also expanded its support services to foster families this year. For the first time, the program received funds to offer day care for foster children. This is a tremendous incentive in recruiting and retaining foster parents who work outside the home and need the support of regular child-care programs. Day care is also available for foster children with developmental deficiencies.

Most children in foster care eventually return to their parents or relatives. However, it is not always possible for families to resolve their problems so their children can live safely with them. When courts terminate parental rights, CPS adoption staff seek permanent homes for the children. Most of the abused or neglected children waiting for adoption have special problems and needs. They may be older; have emotional, mental, or physical handicaps; be of a racial minority; or need to be placed with brothers and sisters. In recent years, DHS has placed about 600 children in adoptive homes annually.

To expand opportunities for special-needs children, DHS provides adoption subsidies for them. Subsidies cost less than maintaining children in foster care. The subsidies, which help adoptive parents with expenses related to placement and maintenance, are covered by either state and federally matched funds or state funds, depending upon the children's eligibility.

This fiscal year, the Legislature appropriated funds to extend medical coverage to approximately 956 children per month whose adoptive families receive state-funded subsidies. This measure equalizes benefits for all adoptive families who receive subsidies by providing the same level of medical coverage to children whose subsidies are state-funded as to those whose subsidies are federally funded. This coverage is important because many children have special medical or physical needs resulting from prior abuse or neglect.

To increase the pool of prospective adoptive families, DHS purchases adoption services from private agencies and operates the Texas Adoption Resource Exchange. Two projects—One Church, One Child and Nuestros Niños—are aimed at increasing the number of adoptive homes available for minority children.

This year, adoption staff focused on improving prospective adoptive parents' abilities to assess their capabilities and limitations for parenting children with special needs by using the Model Approach to Partnerships in Parenting. They also developed procedures to ensure that prospective adoptive parents get comprehensive histories of the children they want to adopt before they make a commitment. That knowledge can enhance their ability to parent a child with exceptional needs.

A major new CPS program is post-adoption services. These services, which are provided through contracts with qualified agencies and individuals, are designed to support adoptive families by easing their periodic and ongoing adjustments to adoption; treating the effects of abuse in the children's backgrounds; and preventing removal of children from their adoptive homes. If DHS served as managing conservator or provided adoption assistance benefits before the adoption was consummated, the family is eligible for post-adoption services. The Texas Legislature created the Post-Adoption Services Advisory Committee to guide and direct this part of the CPS program.

For some children, neither returning home nor adoption is feasible. These children usually remain in foster care until they become legally independent at age 18. The Preparation for Adult Living (PAL) program prepares older teens in foster care for their eventual discharge to independent living. In fiscal year 1990, 1,158 teen-agers received PAL training and services to help them with independent living skills, sex education, money management, vocational assessment, GED or college preparation, transitional living allowances, and enhancing their self-esteem. PAL activities increased significantly this year. Special caseloads of youths age 17 and older were established in several regions, and the caseworkers assigned to them became much more aware of the teen-agers' needs and the resources available to meet those needs.

During fiscal year 1990, two major initiatives began that will change the CPS system. A risk-based service delivery system, piloted in the San Antonio Region, bases services from intake through case closure on the level of risk to the child. Currently, CPS staff tend to intervene based on an alleged incident of child abuse or neglect, rather than on the future risk of abuse or neglect.

The second initiative was prompted by inadequate resources to meet the demands for child protective services statewide. The Resource Outcome Model Project (ROMP) was charged with designing the optimal service delivery system for CPS and a budget and management methodology that will increase the program's effectiveness.

The optimal service delivery system will be based on risk to the children involved. The program will target early intervention to prevent family deterioration and further incidents of child abuse and neglect; ensure intensive services to allow children to remain with their own families if possible; and provide a range of services emphasizing safety, rehabilitation, therapy, and permanence for children and their families.

All levels of CPS staff have been involved in designing the service delivery system to ensure its usefulness. A work measurement study was conducted in May and June 1990 to determine what it takes to get the job done. Performance measures were developed to quantify the effectiveness of services in terms of results for families and children. Examples of measurable results include the incidence of continued abuse and neglect while CPS is providing services, clients' return to services because of repeated abuse or neglect, and numbers of placements a child has in substitute care. Using performance measures will allow DHS to determine which services are most effective.

Project staff assume that optimal service delivery means providing the most effective service at the lowest possible cost, so the resources available can protect as many children as possible. They also assume that state resources should be used to ensure a basic level of protection statewide for Texas' most vulnerable children. Local communities may choose to supplement the state's resources to increase protection in their locales.

Through ROMP, staff have designed a comprehensive training system, profiled regional service delivery, and revised the system used to monitor service delivery.

The project is highly compatible with the pilot of a risk-based service delivery system. Both of these initiatives hold promise for a more responsive, effective system for protecting Texas children.

Family Violence

Spouse abuse is one of the prevailing social problems in the United States today. It continues to occur in spite of increased community awareness and involvement, shelter and service availability, and support of family violence programs by professional groups and local, state, and national agencies.

Family violence can be deadly—at least one-third of the women murdered in the United States this year died at the hands of their domestic partners—either their husbands or boyfriends. An estimated 404,824 Texas women were physically or sexually abused by their partners in 1990, and 76,917 of these women were abused at least once a week.

Family violence services originated as a result of growing community awareness. The shelter centers provide services to women and children whether they are residents at the shelters or not. In fiscal year 1990, 10,394 women and 14,996 children received services as residents of family violence centers in Texas, and 9,619 women received services as non-residents.

DHS contracts with shelter centers that have been operational for at least nine months, which means the shelters have financial and volunteer support from the communities. On the average, DHS contracts cover nearly 35 percent of the centers' annual operating budgets. The rest of their funding comes from the United Way, city and county governments, community fund-raisers, churches, and grants. Shelters use a variety of in-kind contributions (donated items such as food, equipment, and clothing) and rely heavily on volunteers. In fiscal year 1990, three new shelter centers were added to those contracting with DHS, for a total of 56.

The Family Violence Advisory Committee, appointed by the Texas Board of Human Services, advises the agency on family violence issues. This committee coordinates and networks with other professional groups that work with victims of family violence. They also initiated and helped develop brochures used in public awareness campaigns and a training manual to help law enforcement officials better handle family violence calls.

Two of the projects undertaken by family violence staff this year are especially noteworthy. The existing abuse hotline operated by DHS will begin to handle family violence referrals early in fiscal year 1991. Additional hotline staff were hired, and in October 1990 all hotline staff will be trained on the dynamics of family violence. Statistics will be gathered over the course of a year to see what impact the hotline has on referrals to family violence shelters throughout the state.

The other major activity this year was a conference co-sponsored by the Texas Council on Family Violence and the Texas Commission on Alcohol and Drug Abuse. About 300 people attended the conference, which featured workshops on family violence and substance abuse.

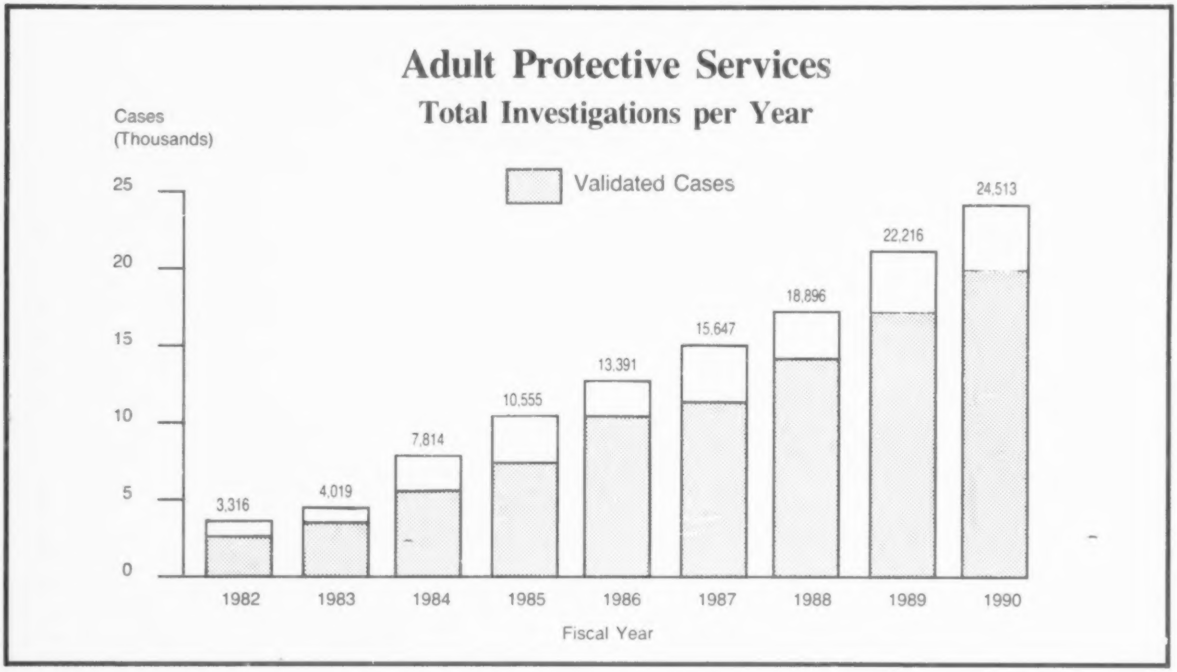
Services to Runaways and At-risk Youth

The Services to Runaways and At-risk Youth program began in fiscal year 1984, when the Texas Legislature appropriated $2 million dollars a year for these services. Most of the program's clients are runaways, so services are aimed at helping young people and their families resolve problems that lead to runaway behavior and divert the youngsters from the juvenile justice and child protective services systems.

The services, delivered through contracts with local providers, must include family crisis intervention counseling, short-term emergency residential care, and follow-up counseling. The program's highest priority is to help youths remain in their homes. Emergency residential care is used only if a youth's safety is in question. The program expanded from 16 contracts serving 2,600 youths in fiscal year 1984 to 26 contracts helping 7,193 young people in fiscal year 1990.

This year, a task force helped staff review the program to make the changes necessary to be more responsive and develop operational definitions of new eligibility categories required by legislation. The task force included representatives of other state agencies as well as youth advocates and service providers. They spent most of their time developing criteria for a case manager pilot project, which seeks to expand services to previously unserved communities. The contract for the pilot project was awarded to Children's Enterprises Inc. in Wichita Falls effective Sept. 1, 1990.

A demonstration project for chronic runaways and street youths began through a contract



with the city of El Paso. Its purpose is to help youths whose needs exceed the resources available through traditional contracts. The project served 31 youths this fiscal year.

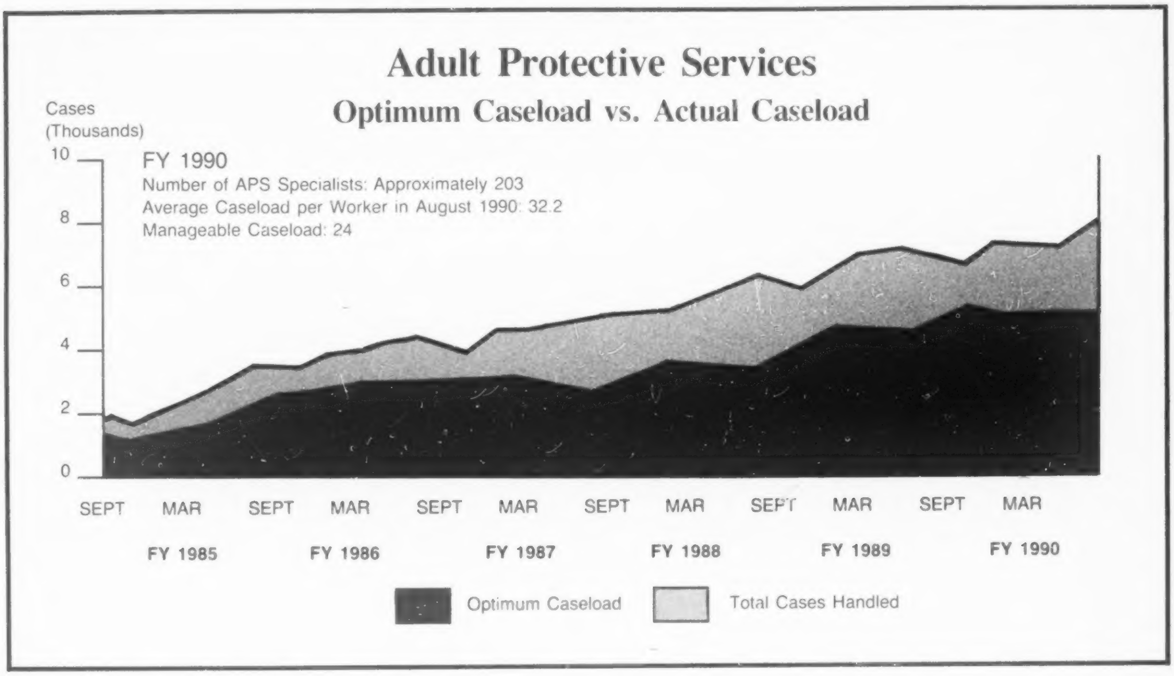
Adult Protective Services

The Adult Protective Services (APS) program has grown steadily in the nine years since the Texas Legislature authorized it to investigate reports and intervene in cases of abuse, neglect, or exploitation of elderly or disabled adults. In fiscal year 1990, 24,513 reports were received, up 10 percent over 1989, when 22,216 cases were reported. In contrast, only 3,316 cases were reported in 1982, the first year such statistics were gathered. Nevertheless, maltreatment of vulnerable adults is often a hidden problem, and research indicates that less than 10 percent of those who need protection were reported to APS in 1990.

Chapter 48 of the Human Resources Code requires APS staff to investigate every report, unless it is "frivolous or patently without a factual basis." In 1990, 84 percent of the cases investigated required protective services, compared to 75 percent in 1987. This phenomenon is reflected in caseload growth and a greater need for client services.

Achieving the staffing level necessary to respond effectively to the growing caseload is an ongoing challenge. In fiscal year 1990, APS workers carried caseloads that averaged 34 percent in excess of the recommended size.

APS staff investigate reports of maltreatment, intervene in crisis situations, and offer services to elderly or disabled adults who have been abused, neglected, or exploited. The services may include casework, emergency client services, psychiatric and medical evaluations, respite care, guardianship, legal services, health care, assistance from other community agencies, or referral to other DHS programs such as Community Care for the Aged and Disabled for in-home care, adult foster care, or adult day care.



Adult Protective Services

Optimum Caseload vs. Actual Caseload

FY 1990
Number of APS Specialists: Approximately 203
Average Caseload per Worker in August 1990: 32.2
Manageable Caseload: 24

Staff may not impose protective services on victims who have the capacity to understand their situations and refuse the agency's assistance. However, when an individual in a life-threatening situation lacks the capacity to understand or consent, APS staff can seek an emergency court order for protective services to remove the person to safer surroundings.

In fiscal year 1990, APS continued to monitor investigations of facilities regulated by state agencies. State office staff reviewed a representative sample of investigations to collect information on the incidence of abuse, trends, and systemic problems. They also received and responded to complaints from the general public about other agencies' investigations. Complaints reported to APS in fiscal year 1990 more than doubled those reported the previous year.

A milestone achievement in fiscal year 1990 was the implementation of the Adult Protective Services System (APSS), an automated data base that compiles and analyzes information about APS reports and investigations. It tracks the sources of reports; the ages, sex, marital status, and mental and physical characteristics of alleged victims; their living arrangements and environmental and housing conditions; the relationships between alleged perpetrators and victims; the validity of allegations of mistreatment; and the investigation results, including the services provided, court actions taken, and reasons for closure. Up until now, such information could be gathered only through special research projects that read samples of APS cases and extrapolated the results to the caseload at large.

Besides giving staff a wealth of information about APS cases, the data base replaces a cumbersome manual reporting system for caseload statistics, thereby saving staff a great deal of time. The information can be reported by region, county, and specific caseworker, as well as for the entire state. Information about caseloads and services used will be particularly valuable in planning strategic use of resources and making future appropriations requests for staff and purchased services.

Licensing

When DHS reorganized this fiscal year, the Licensing Department joined CPS and APS under the umbrella of Protective Services to Families and Children. Now, all of the programs mandated to safeguard the basic health, safety, and well-being of Texas children and adults constitute one division with the same administrative direction.

Also in fiscal year 1990, the Licensing Department reorganized internally to better reflect the agency's goals and objectives. When the licensing division was formed in 1973, licensing of residential or 24-hour-care facilities was centralized, with all supervision at state office. The day-care licensing program operated in the regions with 10 separate administrative structures. To reduce administrative costs, child day-care licensing has been centralized, and managers' spans of control have increased. The money saved by streamlining management was channeled into regulatory efforts such as monitoring registered family homes. The savings also allowed the Licensing Department to add front-line staff; give staff more skills training; add supervisors; and help support the publication of *Texas Child Care*, a quarterly magazine for caregivers.

Four regional area managers, supervised from state office, now oversee day-care licensing operations. Day-care licensing supervisors are now responsible for almost twice as many licensing representatives as they were under the previous structure. To make this possible, and in keeping with the agency's objective of empowering front-line staff with maximum decision-making authority and responsibility, the licensing representatives are taking a greater role in program operations.

Similar changes have taken place in residential child-care licensing. The number of supervisors statewide was reduced from three to two. The reorganization also moved the administrators licensing and social work certification units under the management of the residential child-care licensing program.

To support these changes, licensing functions at state office have also been reorganized. Licensing training staff in the Protective Services for Families and Children Division have launched new training programs to help licensing representatives, investigators, registration technicians, and supervisors learn and adjust to their expanded roles. And, the division's support services staff are working with state office and field staff to improve efficiency and effectiveness through automation.

Program development, which includes responsibility for minimum standards, is now a separate unit supervised by the director of licensing. All other state office support operations, for both day-care and residential child-care licensing, are now the responsibility of the Program Operations Support and Review Unit.

Throughout fiscal year 1990, licensing's projects and activities were aimed at streamlining procedures; focusing on desired results for children in care; and involving caregivers, parents, and the community.

To this end, 18 public hearings were held on the proposed minimum standards for registered family homes. Testimony at the hearings and written comments were largely supportive, reflecting the caregivers' commitment to change the standards to improve the safety and well-being of children in family day-care homes. The revised minimum standards for family homes were adopted by the Texas Board of Human Services on Jan. 18, 1990, and became effective July 1, 1990, to allow time for training caregivers and staff.

The new standards upgraded caregivers' qualifications, requiring a high school diploma or its equivalent, a minimum age of 21 years, and specific skills training prior to registration. These requirements are expected to improve the quality of registered care. Licensing staff anticipate positive results:

❧ Caregivers in registered family homes will be better prepared to handle accidents and safeguard children's health.

Courses in first aid and cardio-pulmonary resuscitation (CPR) will prepare them for emergencies.

- The family home environment will be a safer, healthier place with a fire extinguisher, smoke alarms, and no smoking allowed when children are there.
- Caregivers will receive training in child development to help them understand the needs of young children. They will also get training to help them with the business of running a registered home.

Licensing staff helped establish seven new registered family home associations and helped support 62 associations in fiscal year 1990. Staff also gave continued support to the Texas Professional Home Child Care Association. Associations encourage self-regulation by instilling a sense of pride in the profession.

A one-year grant awarded to DHS by the U.S. Department of Health and Human Services funded Project CHERISH (Children in Home Environments: Regulation to Improve Safety and Health). The grant pays the salaries of 14 staff to visit a randomly selected 20 percent sample of registered family homes in Texas. They are gathering data on compliance with minimum standards, the quality of care provided, services delivered, facilities available, and types of training the caregivers need.

The grant is also funding a public information campaign to educate parents about the differences between licensing and registration, government limitations in regulating home-based care, and parents' responsibility to monitor their children's care. The campaign will inform parents about all the options for out-of-home care and the implications of their choices. The project will enlist volunteers with technical expertise to consult with providers and help with the public information campaign.

In the last quarter of fiscal year 1990, the Licensing Department began to review the minimum standards for licensed day-care facilities. Forums are being held across the state so parents, child-care providers, and other interested parties may comment on critical issues that must be addressed before the new standards are revised.

During the fiscal year, state office licensing staff compiled detailed information about the activities involved in routine monitoring of licensed day-care facilities. They accompanied 54 randomly selected licensing representatives on field visits in five regions, noting the representatives' activities and their interactions with adults and children in the facilities. The results of this study will help licensing representatives focus on important tasks in monitoring and using their time more effectively in the field.

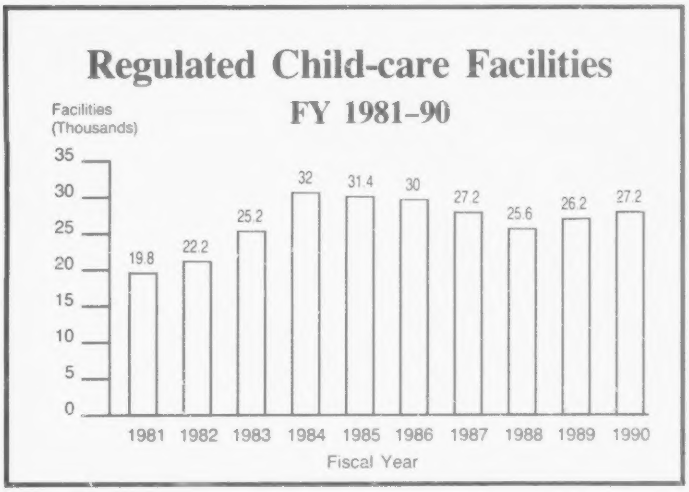
This year an automated management system called ACCLAIM became operational throughout the state, replacing the Licensing Information System (LIS). The system improves the data accessible to all levels of licensing managers and partially completes immediate plans for automating the Licensing Department.

Licensing staff investigated 6,778 complaints against day-care facilities in fiscal year 1990, 1.6 percent more than in fiscal year 1989. Specialized day-care investigators handled a total of 579 reports of alleged child abuse or neglect.

At the end of the fiscal year, there were 7,124 licensed day-care facilities with a capacity of 507,966 children and 14,934 registered family homes caring for an estimated 89,604 children. These numbers reflect a 1.1 percent increase in licensed day-care facilities and a 4.1 percent increase in registered family homes.

Having analyzed the results of last year's forums on child-placing issues, residential child-care licensing staff formed an ad hoc committee to address the issues and began revising the minimum standards for child-placing agencies. They expect to request board approval to publish the proposed standards for review and comment in fiscal year 1991.

A new project in residential child-care licensing will take an in-depth look at the investi-



gations of complaints and serious incidents in 24-hour child-care facilities. The project combines a time study with a detailed analysis of activities carried out by staff at all levels in different types of investigations. Staff expect the data to be useful in streamlining procedures, reducing paperwork, and focusing their efforts on critical activities during investigations.

At the end of fiscal year 1990, there were 5,120 licensed or certified 24-hour facilities in Texas caring for about 22,400 children, a 7.8 percent increase over last year. Staff investigated 848 complaints and serious incidents this fiscal year, about 4 percent less than last year; 183 of these involved allegations of abuse or neglect and were handled by specialized licensing investigators. Licensing staff collected $1,364,895 in licensing fees and conducted 116,463 criminal history checks.

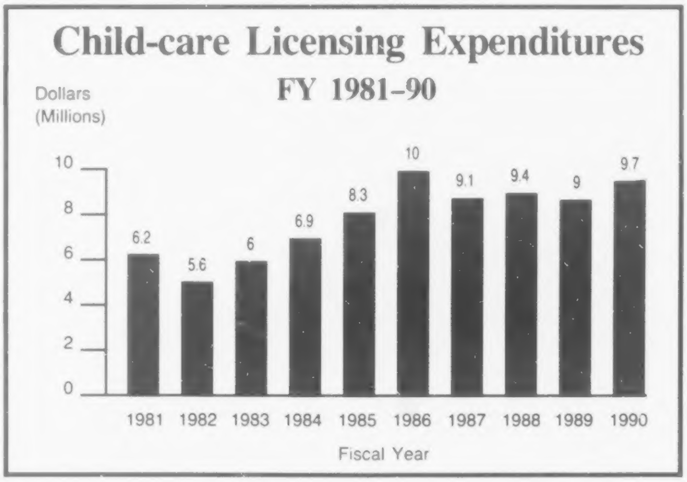
In fiscal year 1990, DHS spent about $9.7 million to regulate day-care and residential child-care for about 613,000 children, an increase of about 1 percent over fiscal year 1989.

The agency issued 1,195 certifications for social work practitioners this fiscal year, bringing the total number of social work practitioners certified in Texas to 9,535. In addition, DHS issued 117 licenses to administrators of child-care institutions. A total of 715 administrators were licensed by the end of the fiscal year.

The administrators licensing program held its seventh annual conference in August 1990. More than 300 licensed administrators and other professionals attended the conference, which focused on management and administrative issues in a climate of change. Licensing staff updated administrators and other key staff from child-care facilities about changes and initiatives at DHS.

During fiscal year 1990, the social work certification program distributed a draft of rules for ethics training. If adopted, the rules would require certified social work practitioners to include a minimum number of hours of ethics training in their continuing education. The proposal does not increase the total number of hours required annually. To emphasize its concern for this issue, the agency held three conferences on ethics this fiscal year.

The administrators licensing and social work certification programs are financed completely through licensing and certification fees.



ADMINISTRATION

Administration

In fiscal year 1990, DHS provided services to more than 2 million Texans. The year's budget was $5.8 billion, and the staff numbered about 15,800. The agency disbursed, in state and federal dollars, approximately $5.5 billion, including the value of food stamps and distributed food. A significant portion of that total, or $4 billion, came from federal sources.

Nearly 91 percent of the budget goes for direct client benefits such as food stamps, commodities, grants, and purchased services. These funds augment city and county budgets and flow directly into Texas communities. About 5.9 percent of the budget pays for direct delivery staff, primarily child protective workers and those who determine eligibility for AFDC, food stamps, and Medicaid. Of the total budget, the agency spent only 2.7 percent on administration.

Management Information Systems

Management Information Systems (MIS), formerly the Office of Information Systems, underwent a major reorganization this fiscal year. Grouped along functional lines, the new organization includes the office of the Chief Information Officer, Quality Management, Development Services, Network and System Services, and Production Services.

Staff are trying new approaches to manage information technology by developing strategic systems that offer maximum user flexibility and compress development time through the use of rapid application development and information engineering. They are also obtaining and using state-of-the-art hardware and software platforms, tools, and methodologies to develop new systems for the agency.

A major effort that began in fiscal year 1990 uses a project management software package to track all service requests, keep time logs for staff, and automate project management, including resource allocation. The software's reporting capabilities will allow MIS managers to summarize the status and costs of their projects and communicate their performance to upper management.

In support of direct delivery staff, MIS staff completed Phase 3.6 of WelNet, which provided automation assistance to an additional 217 offices. MIS also moved toward final certification from the U.S. Department of Health and Human Services for the Family Assistance Management Information System (FAMIS). The federal review process, which should be complete early in fiscal year 1991, will entitle DHS to additional federal funding for data processing equipment and operating costs for WelNet.

MIS staff completed critical programming to support the expansion of Medicaid benefits to women and children. They also continued to fine-tune the Generic Work Sheet process. Programming changes reduced quality control errors, as well as the number of manual forms required to process claims. More importantly, automating functions that were formerly performed manually reduced the time required to process transactions, freeing direct delivery staff's time for other tasks.

Staff also began to work on a ground-breaking personal-computer-based voice response system intended to curb overprescription of a popular and costly class of ulcer medications. DHS paid $18 million for these drugs last year—8 percent of the Vendor Drug budget. The agency anticipates saving about $5 million annually by using the system, including more than $1.6 million in state funds.

Fiscal Management Services

Fiscal Management Services processes claims, makes payments, keeps accounts, and controls the agency's budget. The annual operating budget for fiscal year 1990 exceeded $5 billion in state, federal, and other funds. Staff processed and paid more than 3,814,000 claims this year. The agency accounted for $1.4 billion in food stamp coupons and $85.8 million worth of food donated by the U.S. Department of Agriculture.

To manage such a large budget and volume of claims while maintaining fiscal integrity, Fiscal Management Services employed more than 135 staff in fiscal year 1990. They handled negotiable instruments; processed and corrected claims; distributed vouchers and warrants; maintained the agency's accounting system; prepared financial statements and reports of federal funds disbursed; managed state and federal funds received by DHS; submitted the payroll to the Comptroller of Public Accounts; distributed payroll warrants; and maintained an inventory of the food stamps for which the agency is responsible. Staff also developed, scheduled, and provided detailed instructions for the major budget processes and maintained the agency's automated budget systems.

Those staff responsible for the overall budget prepared the Legislative Appropriation Request, monitored the annual operating budget, and reported the budget status to the executive staff, Texas Board of Human Services, and the Legislature. They also reviewed or prepared estimates of the federal fund requirements.

Staff continued to streamline claims processing to ensure timely payment to DHS providers and vendors. An electronic mail system installed at regional sites allowed two-way transmittal of Comptroller Vendor Identification registrations for new vendors, which eliminated about three days of mail time and expedited payments to new regional vendors. Foster care claims were decentralized to the regional level, which expedited DHS payments to 600 foster care providers.

Human Resource Services

In fiscal year 1990, staff in Human Resource Services, formerly Personnel, streamlined programs and processes to make them more user-friendly, to eliminate unnecessary paperwork, and to reduce processing time. For example, staff simplified the selection and promotion process for both job applicants and selecting authorities, thereby reducing application processing time from about 20 days to 15 days for most vacancies and from 20 days to 5 days for clerical vacancies. They streamlined the employee complaint process by making managers responsible for reviewing complaints and trying to resolve them before Human Resource Services staff intervened.

The disciplinary process was revised to reduce obstacles in dealing with employees who are experiencing performance problems by eliminating most of the detailed steps in the process. The disciplinary probation period was also shortened from six months to three months.

The number of forms that new employees have to complete during orientation was reduced from 33 to 23. Other paperwork reduction efforts eliminated 60 automation reports—24 percent of all Human Resource Management Information System (HRMIS) reports—and reduced the number of copies on 72 other HRMIS reports.

A major project this year was a communication program to make DHS staff more aware of their benefits as state employees. In addition to seminars, table tent cards placed in strategic locations, brochures, and articles published in the state office newsletter, an entire issue of the newsletter for all DHS employees and retirees was devoted to Human Resource Services, giving particular emphasis to employee benefits.

The DHS Insurance Advisory Committee, created in January 1989, solicited comments from employees statewide and formulated 17 recommendations that were forwarded to the State Group Insurance Advisory Committee and the Employees Retirement System Board of Trustees. The board adopted six of the committee's recommendations to include in the program recommended for fiscal year 1991. The committee also started a dental insurance program, which enrolled more than 2,000 employees statewide. The dental plan offers both a fee-for-services option and a dental maintenance organization option.

A new benefit that was authorized by the 71st Texas Legislature and began in March 1990 has helped more than 100 employees with catastrophic illnesses or injuries. Through the sick leave pool, eligible employees are entitled to draw up to 176 hours per illness or injury from sick leave hours donated by fellow employees.

Human resource services staff streamlined the job audit process for 2,800 regional jobs, resulting in annual savings of 2,200 work hours and $28,000, and allowing jobs to be posted and filled two to three weeks faster than before. The authority to certify that job applicants meet minimum qualifications was delegated to regional human resource services staff, saving 1,240 work hours and $17,000 annually, and moving applicants through the process two to three days faster.

In November 1989, the agency hired its first full-time recruitment officer to help the state office and regions locate qualified individuals for employment opportunities within the agency. The recruitment director makes referral agreements with minority, disabled, and women's organizations and helps identify qualified applicants by representing DHS at college and community job fairs.

Staff began developing an agency-wide recruitment plan to enhance affirmative action efforts at DHS. The plan calls for:

- a résumé bank for minority, female, and disabled prospective employees;
- a study identifying barriers to retaining talented staff, with recommendations for improvement; and
- an agency review of opportunities for professional advancement for members of protected classes currently on staff at DHS.

A new performance appraisal system for administrative and technical staff is being piloted and will be implemented in 1991. Under the new system, employees will receive evaluations that give a broader picture of performance as well as specific feedback. The system will also help human resource services staff do a better job of providing training for managers.

A new work group, called Management Development Services, was added to Human Resource Services in October 1989 to establish ways to give all managers the education and skills they need to advance in the agency. A long-range training program including optional and refresher courses will be tailored to each level of management as well as support staff.

In addition, staff are developing a new employee orientation program to instill the concept that each employee plays a key role in the organization and has the opportunity to make a difference.

Business Services

The Business Services Department set its sights this fiscal year on providing more timely, accurate, cost-effective, and customer-friendly services to the agency's staff. To accomplish this goal, the department was organized according to five functions: facility management and leasing, printing services, centralized support services, technology support services, and purchasing services. State office section leaders and regional business officers formed work groups to resolve problems common to business support operations throughout the state.

Facility management and leasing staff and regional business officers expedited the leasing process; standardized leasing, maintenance, and janitorial procedures; assisted the regions with space planning, design, and maintenance; ensured safe working environments; took action when lessors did not comply with contracts; made random site inspections to check on maintenance and safety procedures; randomly inspected newly leased spaces to ensure compliance with lease specifications; managed renovation funds; processed requests for office renovations; and assisted the regions with repairs and renovations.

This fiscal year, the facility staff developed a comprehensive safety program to promote safety awareness, define safety responsibilities for all levels of staff, reduce accidents and worker compensation claims, and make DHS offices safer places for employees and clients. They set up active safety committees and are scheduling training, disseminating safety aids, and standardizing inspection checklists. They have combined three accident report forms into one.

The staff standardized lease specifications to ensure statewide consistency and expedite the leasing process for both DHS and the State Purchasing and General Services Commission (SPGSC). They also standardized maintenance and janitorial contracts and checklists to prevent deterioration of DHS offices. The structured procedures will allow for better documentation in case lessors and vendors do not comply with their contracts.

The hiring of an agency engineer this year has already saved DHS about $90,000. The engineer gives the regions technical assistance and support with heating, ventilation, air conditioning, and structural inspections to increase office efficiency and improve clients' and employees' comfort and health.

The emphasis on facilities becomes increasingly important as caseloads grow. In the past two years, the staffing level at DHS increased by nearly 2,000 employees to provide services to more clients. The agency currently occupies 3,130,638 square feet of leased space and 605,473 square feet of free space, representing an increase of about 700,000 square feet over a two-year period. With federal mandates increasing caseloads, it is anticipated that the number of staff will continue to rise.

In the agency's reorganization, Printing Services was transferred to the Business Services Department and merged with the state office Copy Center. This fiscal year, the combined operation made more than 300 million impressions of agency forms, publications, policy and training manuals, and other printed materials. Printing Services continued to enforce production control policies, limiting reproduction to materials needed for the direct delivery of services to clients or agency administration.

In November 1989, SPGSC conducted a Printing Services Competitive Cost Review mandated by the Texas Legislature and monitored by the State Auditor's Office. The review showed DHS Printing Services to be more cost-effective and equal in quality to printing services available through the private sector. Staff conducted an internal review of regional printing operations and studied copier services, resulting in significant savings and increased productivity throughout the agency.

Warehouse staff diversified shipping methods, resulting in quicker delivery without additional costs. They also eliminated approximately 100 infrequently used forms and brochures from the stock inventory. These forms will now be printed as needed.

Mail distribution staff instituted a procedure to monitor the costs of express mail and help users reduce costs. They reduced delivery time for priority reports from approximately two weeks to about two days. They also developed and published a mail services guide for DHS staff.

The cost of new telephone equipment at DHS increased from about $1 million in fiscal year 1989 to approximately $2.6 million in fiscal year 1990. The additional expense covered systems and service for 20 new offices and 50 others that were expanded to accommodate more staff. The agency purchased call-processing equipment for 35 offices, taking advantage of new technology such as automated attendants, which can process 40 percent of incoming calls without human intervention.

Early in fiscal year 1991, DHS will train about 5,500 program staff simultaneously via satellite transmission, using STARLINK, an intergovernmental networking system. DHS is the first state agency to use satellite transmission specifically for training. Staff installed permanent cables so that in the future this type of training can be done with less lead time. A telephone bank was also installed so trainers can answer questions from the field as the training takes place.

During fiscal year 1990, purchasing staff scrutinized procedures, administrative contracts, and vendor payments for efficiency and cost effectiveness. They reviewed open market requisitions and, in many cases, converted them to yearly blanket contracts, cutting the costs of emergency purchases and reducing waiting periods to 30 days or less. They reviewed daily requests and state contracts in their continuing efforts to make better purchases. For example, buying memory expansion boards and expansion chips from two separate vendors saved $89,000. They also worked with SPGSC staff to include terms in state contracts requiring large quantities of supplies to be packaged or loaded onto pallets. This improved the safety of warehouse staff and reduced the time spent receiving materials by 1,290 hours this year.

Staff added new clauses to service and maintenance contracts, allowing the agency to monitor vendors' performance and take corrective action when needed. They made a concerted effort to consolidate as many contracts as possible, resulting in quicker, better services at more reasonable costs. For example, re-bidding the maintenance contract for Unisys equipment will save $496,000 annually over the next five years. Staff also monitored payments to detect errors on invoices and take advantage of reimbursements and discounts.

In fiscal year 1990, staff prepared to use the State Travel Management program established by the Legislature and managed by SPGSC. Privatization of the DHS travel program will save the agency approximately $63,480 annually in salaries and will return approximately $72,600 to the state's General Revenue Fund from rebates on airline tickets.

Advance Planning Document Services

To embrace the changes of welfare reform and the agency's reorganization, DHS adopted an intense automation strategy. Evaluations of computer hardware, software, and systems indicated the need to replace or upgrade obsolete equipment so staff would not be hindered in their efforts to serve clients effectively. Automation planning staff identified the agency's data processing needs, ranked them, and outlined specific recommendations.

The staff in Advance Planning Document (APD) Services, submitted advance planning documents (APDs) and requests for proposals (RFPs) for a variety of automation projects to the Family Support Administration (FSA), Food and Nutrition Services (FNS), and the Texas Department of Information Resources (DIR) in fiscal year 1990. As a result, federal funding for automation equipment and services increased significantly.

Some of the documents submitted requested federal assistance to help DHS:

- develop the agency's comprehensive financial management information system (FMIS);
- continue the implementation of the WelNet project for Client Self-support Services;
- meet requirements of the Family Support Act of 1988 (welfare reform);
- improve data processing and storage capabilities; and
- develop an automated system to support Child Care Management Services.

Funding for automation at DHS increased 453 percent over the amount approved in fiscal year 1989. Of the 22 proposals that Advance Planning Document Services submitted to state and federal authorities, 16 were approved, four were withdrawn, and two were still in the reviewing stage as this annual report went to press. By the end of fiscal year 1990, 73 percent of the projects were approved, and 63 percent of those were executed or installed.

Policy and Document Support

In fiscal year 1990, the Policy and Document Support Department helped the agency operate more efficiently by reducing paperwork, automating functions, streamlining initiatives, and revising the policy development process.

Staff in this department took the lead in the agency's paperwork reduction project. The project was initiated in response to legislation requiring DHS to review all forms related to service delivery and reduce paperwork for applicants, clients, and employees.

A committee evaluated the forms used in each program or support area. For example, they identified 37 forms that child protective caseworkers use and deleted seven, improved 10, and targeted seven for further study. They also reviewed the publications, computer reports, internal memoranda, files, and forms used by applicants, clients, and employees. They identified 288 forms to be deleted and 10 publications to be deleted or reduced in size. They recommended that staff be encouraged to change their work habits to avoid wasting paper, and suggested a recycling program that will be piloted at state office.

In fiscal year 1990, the paperwork reduction project saved 59,520,850 sheets of paper, trimmed $297,000 in costs, and allowed staff to redirect 64,350 hours of their time to more productive tasks.

In fiscal year 1990, the policy and document support staff also worked with client self-support staff to streamline the form that clients use to apply for Aid to Families with Dependent Children and food stamps. As a result, Form 1010 was reduced from 16 pages to two pages. The revised form is much easier for applicants to understand and saves DHS $160,800 a year in printing and mailing costs.

Policy and document support staff automated more functions during fiscal year 1990. For example, page layout and illustrations were done on a computer-based document composition system, and handbook pages were laser-printed instead of typeset, saving time and money.

They also drafted a chart to clarify procedures in policy development. They distributed the chart to executive staff as well as state office program staff and various advisory committees.

Fraud Control

During fiscal year 1990, 2,190 fraud prevention investigations resulted in direct program savings of $5.5 million. Three additional investigators were assigned to the Office of the Inspector General to strengthen the agency's efforts to prevent fraud.

The Investigation Department completed 12,315 investigations involving $12.6 million in overissuances. Staff obtained court adjudications on 2,330 cases and processed 5,812 cases through administrative disqualification hearings. Restitution collected in fiscal year 1990 reached a record $5,175,513.

The Central Disqualification Unit began to enforce fraud-related disqualifications in the Food Stamp program in June 1989. During fiscal year 1990, the unit enforced 1,455 disqualifications on active food stamp cases for a savings of $1,078,314. Of those cases, 36 were permanently disqualified. Disqualifications are pending on 1,360 cases and will be enforced if the clients start receiving food stamps again.

The Welfare Fraud Hotline (1-800-252-2526) logged 1,250 calls during fiscal year 1990, and investigators identified $67,988 in fraud because of hotline calls.

This fiscal year, auditors completed 463 field audits and 2,953 desk reviews of provider cost reports, detecting $55.1 million in unallowable costs. Compliance audits of 823 contracts involving $414.3 million in agency expenditures, noted questionable costs of less than one-half of one percent. In addition, audit staff reviewed 568 single audit reports.

Staff also audited the Medicaid contract with the National Heritage Insurance Company (NHIC). During fiscal year 1989, NHIC received and processed 6,796,865 claims from providers for services to DHS clients. Premium payments exceeded $900 million.

Internal audit staff completed 18 audits of DHS activities. Eight of them were conducted at the request of the State Auditor's Office (SAO), and the findings were included in the SAO statewide report. Internal audit staff also reviewed the status of corrective action plans recommended in four previous audits.

Lap-top computers purchased in fiscal year 1989 have been used to automate auditing at DHS. The auditors' growing proficiency, the purchase of more printers, and the development of three more computer applications have ensured the success of lap-top computers as standard auditing tools.

Advisory Committees

There are currently 13 advisory committees at DHS with about 200 members representing providers, consumers, and advocates of services. The Hospital Payment Advisory Committee and the Post-adoption Services Advisory Committee were established this year at the direction of the 70th Texas Legislature. The Family Planning Interagency Advisory Committee, established in conjunction with the Texas Department of Health, addresses family planning services provided by both agencies.

Committees also exist to address issues related to services for aged and disabled persons, medical care, social work certification, client self-support, child-care administrators and facilities, family violence, child protective services, county indigent health care, the religious community, and adolescent pregnancy and parenthood.

In the fall of 1989, advisors served on panels at public hearings across the state to solicit comments on the agency's services, program directions, and initiatives for the fiscal year 1990 Operating Plan and the Legislative Appropriation Request. The two most significant issues raised at the hearings were the need for an adult dental program and the need for Medicaid to cover more than three prescriptions per month. Based on the comments received, DHS requested funding for an adult dental program offering limited services. Staff will not request an increase in the number of prescriptions because of the extensive growth in Medicaid caseloads and corresponding increase in medical services.

Two advisory committees began developing reports to the Legislature as required by their statutory mandates. The Adolescent Pregnancy and Parenthood Advisory Council made recommendations about preventing teen-age pregnancy and coordinating services among agencies. The report being prepared by the Post-adoption Services Advisory Committee will address issues that arose during the first year that the agency offered post-adoption services, the program's costs and benefits, policy recommendations, and recommendations for improvement.

In addition to their statutory requirements to review and comment on proposed policies, several committees actively helped DHS staff plan and conduct conferences and workshops, develop brochures, and share information about services, programs, and funding needs.

Volunteers

In fiscal year 1990, the volunteer program used innovative strategies to increase community participation and provide ways for more citizens to volunteer their time and resources where they will make a difference.

More than 500 businesses, professional associations, religious organizations, and service clubs have become Partners in Human Services, working with DHS to help meet clients' needs. The Partners in Human Services campaign makes effective use of community resources by recruiting groups whose leaders pledge to coordinate efforts and access the resources of their entire organizations. Projects designed to meet the goals of welfare reform help mothers gain and maintain economic independence and self-sufficiency. The CAMEO project, which stands for "Career Apparel Means Employment Opportunity," collects professional clothing for women seeking employment. The Adopt-a-Caseworker project provides front-line staff with the resources that their clients need, such as school supplies, home repairs, emergency food, and transportation. The Texas Works Together mentoring program matches volunteers one-on-one with mothers who are seeking employment. The mentors are role models and confidantes who offer not just advice but words of encouragement.

The slogan "Volunteers, the The Heart of Texas!" represents another innovative way to work with the community. The Heart of Texas campaign is a cooperative effort among six major state agencies that provide human services. These agencies have pooled their resources to recruit volunteers more effectively. Citizens in any Texas community can call a toll-free number (1-800-252-9600) to find out how to volunteer to help Texans in need.

This year more than 15,000 volunteers helped DHS each month, a 15 percent increase over last year. Volunteers answer hotlines, determine eligibility, monitor cases, assist with automation, research community resources, care for foster children, translate documents, file, and provide emergency food, clothing, shelter, transportation, and medical care.

The six members of the Texas Board of Human Services also volunteer their time, hearing testimony from concerned citizens, advocating for human services, and setting policies and goals to meet our clients' changing needs.

Children's Trust Fund

The Children's Trust Fund of Texas (CTF) offers financial support for community programs to prevent child abuse and neglect. CTF encourages all citizens to be advocates for children.

The Texas Legislature established CTF in 1985 in recognition of the growing problem of child abuse and the need to address it through prevention. The nine-member CTF Council, appointed by the governor, offers guidance and administrative direction, while DHS provides support and adopts rules to implement the council's proposals.

Revenue for the dedicated fund comes from $12.50 of every marriage license fee paid in Texas, which amounted to approximately $2.4 million in fiscal year 1990. By law, only 50 percent of the trust fund balance on the first day of the fiscal year is available for the CTF Council's operating fund, and only 10 percent of that amount may be used for administration. The balance earns interest to ensure a continuing resource for future programs designed to prevent child abuse and neglect. The dedicated fund must be used for prevention, not treatment. In 1990, CTF received additional funding through the federal challenge grant program and from individual contributions.

In fiscal year 1990, CTF awarded grants totaling $1,175,125 to 38 prevention programs across the state. The programs, which are required to secure 10 percent of their operating costs from local sources during the first year of operation, received local support totaling more than $244,669 from community organizations and individuals. The local match mandate promotes initiatives in the private sector and enables successful programs to thrive through local sponsorship when their CTF funding ends. Volunteers contributed 23,019 hours to the programs, valued at $82,178 based on minimum wage.

This year, the prevention programs focused on parenting, the priority set by the CTF Council for the current three-year funding cycle (fiscal years

1990–92). The categories were adolescent parents, first-time parents, single parents, and parents in the workplace and latchkey children. The 38 programs served approximately 13,754 children and 6,877 families.

The local programs are monitored to ensure compliance and accountability to program standards. A regional monitor, field monitor, or CTF staff person visits each program on site.

This year, CTF cooperated with several other organizations on projects to prevent abuse or neglect. Partners for Parenting, a collaborative venture with the Texas Agricultural Extension Service, was designed to strengthen families and reduce child abuse through parent education and parenting coalitions. County extension agents access parenting materials available to participants from a curriculum library funded by CTF.

By working with the Sam Houston Area Boy Scouts of America, CTF supported a volunteer training program on preventing child abuse and neglect. The program, which serves 16 counties in the Houston area, will continue through fiscal year 1992.

Three demonstration projects approved by the CTF Council began during fiscal year 1990. The Rio Grande Council Boy Scouts of America Outreach Project focuses on strengthening parenting and family skills among the Hispanic population. The Austin Child Care Connection started a question-and-answer column about parenting in the *Austin American-Statesman* and is planning statewide syndication. The Practical Parent Education curriculum will be conducted at five demonstration sites in the Rio Grande Valley through a cooperative effort with the Texas Association of School Boards.

Increasing public awareness of child abuse and its prevention continued to be a priority for CTF during fiscal year 1990. With that goal in mind, CTF sponsored exhibits at statewide conferences and conventions and a 10-day exhibit in the state Capitol rotunda; distributed public service announcements and brochures in English and Spanish on the dangers of shaking babies and young children; published its annual report and educational brochures, as well as the *Texas Children Quality of Life Report* and the quarterly *Child Advocate Forum*; and issued periodic news releases to print and broadcast media throughout the state.

Customer Relations

The agency's focus on exemplary customer service is the purpose of the Commissioner's Office of Customer Relations. Staff answer telephone calls and correspondence from clients, legislators and other public officials, and the general public about issues ranging from eligibility to complex needs for assistance.

In fiscal year 1990, Customer Relations staff answered 119,505 telephone calls and handled 16,857 pieces of correspondence.

Proponents of open records have challenged the agency's traditional stand on confidentiality of adoption records. Requests for information from closed records have increased by 40 percent in the last four years.

The Voluntary Adoption Registry, established by the Texas Legislature in 1984, continues to be the only formal vehicle for reunification of adoptees and their biological relatives. Statewide, 45 participating agencies have made 51 matches since the registry began. However, restrictive provisions in the law prompt many people to seek the help of private investigators and search agencies to locate their biological kin.

COMMISSIONER'S

REPORT

Commissioner's Report

We restated our mission this year to embrace the philosophy of welfare reform. This revolutionary approach to human services is based on the premise that maintaining people in poverty is not enough. Instead, we must give them the skills to take charge of their own lives. Rather than giving needy people just enough financial assistance to get by, we must give them the education, training, and support they need to get ahead, and off of welfare for good.

This change in philosophy calls for a broad range of programs to meet the individual needs of each client, as well as major changes in how we deliver services. The federal Family Support Act of 1988 mandates key services to help clients become self-sufficient. DHS prepared for these programs in fiscal year 1990 and will launch them early in fiscal year 1991.

The Job Opportunities and Basic Skills Training (JOBS) program will offer education, training, and employment services to women who have children older than age 6 and receive cash assistance through Aid to Families with Dependent Children (AFDC). Transitional benefits—including child care and Medicaid—will continue for 12 months after employment, while clients achieve stability in their new jobs and move beyond that precarious period when they may fall back on welfare. The Aid to Families with Dependent Children—Unemployed Parent (AFDC-UP) program will offer financial assistance, along with JOBS training and transitional benefits, to two-parent families. We look forward to this opportunity to serve families that are still intact.

By merging income assistance and family support services staff, DHS consolidated delivery of services for welfare reform into one division. This move eliminates internal barriers, allowing case managers to tailor a viable service plan for each client's needs.

We are also placing DHS staff in offices with staff from other programs and agencies, such as the Job Training Partnership Act (JTPA), Texas Employment Commission (TEC), and Texas Rehabilitation Commission (TRC), to help clients get training and find jobs. We are working with the Texas Education Agency to offer services that help school-age parents complete their educations.

For decades, most of the people who applied for benefits had basic needs for sustenance, and we responded by providing food stamps and cash grants. Families who qualified for assistance were often eligible for Medicaid as well, but medical benefits were not their first priority when they came to us for help.

However, as the costs of medical care have spiraled, and as federal mandates have made more people eligible for Medicaid, an increasing number of families are coming to us primarily for health care benefits. Many of these families are "the working poor," whose employers do not offer medical insurance and whose meager earnings cannot cover the rising costs of medical care.

Recognizing the vital need for prenatal care, pediatric care, and coverage of catastrophic illnesses, the state and federal governments have greatly expanded the Medicaid program. During fiscal years 1989 and 1990, income caps for pregnant women and young children were raised several times over. This year, the federal Omnibus Budget Reconciliation Act extended benefits to pregnant women and children younger than age 6 below 133 percent of the federal poverty level. DHS also began offering presumptive eligibility for prenatal care. In response to the rapid expansion of the Medicaid program, we consolidated all medical services into one division.

We are also addressing a changing environment in protective services. The number of children needing protection and foster care has grown steadily over the past several years. Many of these children need intensive, specialized treatment because they come from homes ravaged by alcohol, drugs, and abusive behavior. We are trying new approaches to assess the actual risks to different children and to help families before abuse recurs. Through the Resource Outcome Model Project (ROMP), we are striving for consistency in service delivery and redefining the results that we can realistically expect to achieve, given various levels of resources.

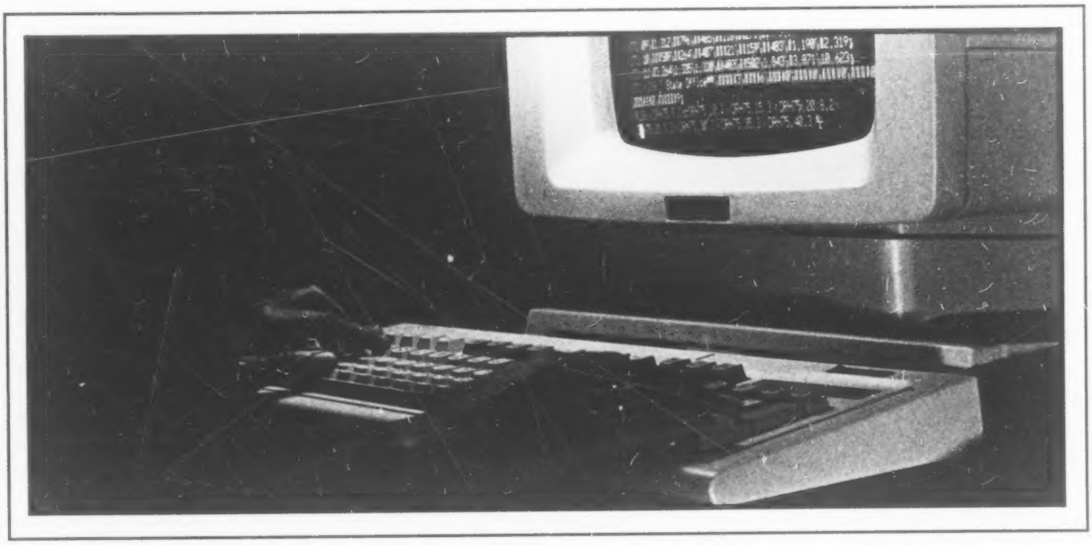
We are fortifying our efforts to recruit foster parents by offering them extensive training and extending child-care benefits to foster parents who work full-time outside the home. We are also asking for funding for respite care for these essential foster families.

Changes are occurring in other program areas as well. For example, we are focusing on home and community services for people with disabilities. Through a statewide program that began this year, many people with disabilities are getting the equipment, architectural modifications, attendant care, medical supplies, and transportation they need to live at home. In fiscal year 1991, a new waiver program will help people with related conditions get special services in their communities.

At DHS, we are acutely aware of funding limitations. We have been working closely with other agencies, including the Texas Department of Health, Texas Department of Mental Health and Mental Retardation, Texas Commission on Alcohol and Drug Abuse, Texas Employment Commission, Texas Education Agency, and Texas Commission for the Blind to make the most of federal dollars so together we can offer more services through Medicaid. We are keeping a close eye on utilization, containing costs, and ensuring accountability for the precious resources we have available.

Collectively, the programs administered by DHS place an enormous strain on the agency's automated systems. The staff in Management Information Systems are building partnerships with program staff to address their demands for automation more quickly and effectively. Through rapid application development, they are improving responses to service demands. The automated generic worksheet, which helps caseworkers determine client eligibility, will undergo continuous improvements. A new system will be created to track protective services cases and assist with risk assessment. And the new service delivery system will be automated to track clients' progress in seeking job training and employment.

As we move into fiscal year 1991, we acknowledge the dramatic changes happening in the human services environment, and we seek creative ways to respond. We are learning to question the old ways of delivering services and explore new avenues for improvement. We are learning to say with conviction, "It can be done." The tasks before us are to embrace change and to rise to its challenge.



STATISTICS

Statistics

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Estimated Expenditures by Method of Finance

Fiscal Year 1990

	Total $	Federal %	State %	Other %
Income Assistance and Self-support Services				
AFDC Grants	$ 412,421,468	61.05	38.10	0.85
Energy Services	30,086,442	93.83		6.17
Employment Services	14,774,855	71.09	28.91	
Child Day-care Services	43,448,073	86.00	14.00	
Refugee Services	7,514,648	100.00		
Emergency Nutrition and Emergency Relief Services	2,473,766	5.55	46.78	47.67
Nutrition Assistance	79,219,508	99.49	0.51	
Disaster Assistance	9,014,637	75.00		25.00
Client Self-support Services Program Delivery	175,130,989	51.19	47.75	1.06
Client Self-support Services Program Administrative Support	27,150,797	50.80	49.20	
Total, Income Assistance and Self-support Services	**801,235,183**	**65.40**	**33.25**	**1.35**
Health Care Services				
Purchased Health Services	1,753,408,362	61.14	38.08	0.78
Indigent Health Care	38,234,529	57.79	24.89	17.32
Preventive Services	78,481,606	72.01	27.99	
Client Care Services Program Delivery[1]	76,161,559	64.09	35.55	0.36
Total, Health Care Services	**1,946,286,056**	**61.60**	**37.32**	**1.08**
Services for Families and Children				
Protective Services for Families and Children	196,243,918	55.84	43.66	0.50
Children's Trust Fund	1,523,012	12.08	87.51	0.41
Licensing of Child Caring and Child Placing	9,703,501	67.85	28.93	3.22
Client Protective Services Program Administrative Support	3,991,811	66.59	33.41	
Total, Services for Families and Children	**211,462,242**	**56.27**	**43.11**	**0.62**
Services to Aged and Disabled				
Long-term Care	682,898,356	61.25	38.75	
Services for the Developmentally Disabled[2]	323,539,414	86.84	13.16	
Community Care Services[3]	192,278,550	69.82	30.18	
Adult Protective Services	13,224,493	46.86	53.14	
Total, Services to Aged and Disabled	**1,211,940,813**	**69.28**	**30.72**	
Agency Administration				
Central Management Support	21,724,663	59.62	38.00	2.38
Field Management Support	13,205,769	62.22	35.89	1.89
Management Information Systems	30,311,479	52.15	47.85	
Audit and Investigations	9,048,319	65.78	34.22	
Renovations and Capital Outlay	3,830,412	12.62	87.38	
Special Projects	1,955,238	91.95	7.13	0.92
Total, Agency Administration	**80,075,880**	**56.46**	**42.56**	**0.98**
Grand Total[4]	**$4,251,000,174**	**64.14**	**35.06**	**0.80**

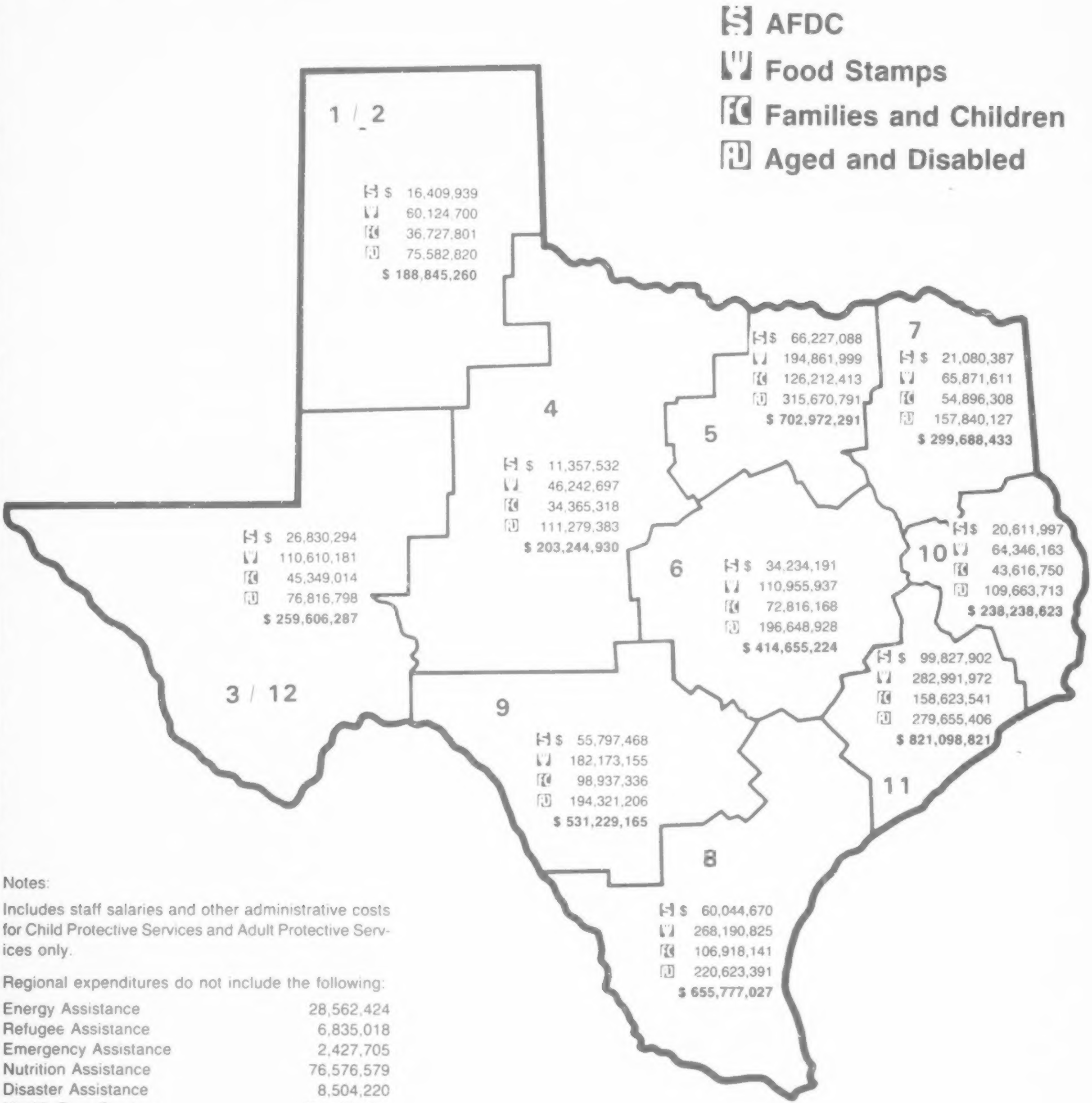
[1] Includes estimated federal expenditures for the Survey and Certification and the Quality of Care Administration interagency contracts.

[2] Includes estimated federal expenditures through the revolving fund and administrative contracts with MHMR.

[3] Includes estimated expenditures for the ICF-MR waiver.

[4] Does not include the value of food stamps ($1,386.37 million) or the value of food distributed ($84.29 million) by the department.

Regional Expenditures
Fiscal Year 1990


AFDC
Food Stamps
Families and Children
Aged and Disabled
1 / 2
$ 16,409,939
60,124,700
36,727,801
75,582,820
$ 188,845,260
3 / 12
$ 26,830,294
110,610,181
45,349,014
76,816,798
$ 259,606,287
4
$ 11,357,532
46,242,697
34,365,318
111,279,383
$ 203,244,930
5
$ 66,227,088
194,861,999
126,212,413
315,670,791
$ 702,972,291
7
$ 21,080,387
65,871,611
54,896,308
157,840,127
$ 299,688,433
6
$ 34,234,191
110,955,937
72,816,168
196,648,928
$ 414,655,224
10
$ 20,611,997
64,346,163
43,616,750
109,663,713
$ 238,238,623
11
$ 99,827,902
282,991,972
158,623,541
279,655,406
$ 821,098,821
9
$ 55,797,468
182,173,155
98,937,336
194,321,206
$ 531,229,165
8
$ 60,044,670
268,190,825
106,918,141
220,623,391
$ 655,777,027

Notes:

Includes staff salaries and other administrative costs for Child Protective Services and Adult Protective Services only.

Regional expenditures do not include the following:

Energy Assistance	28,562,424
Refugee Assistance	6,835,018
Emergency Assistance	2,427,705
Nutrition Assistance	76,576,579
Disaster Assistance	8,504,220
Health Care Services	408,926,501
Children's Trust Fund	1,040,647
Services to Aged and Disabled	147,722,519
Special Projects	427,920
State Schools	208,800,000
Interagency Contracts	24,257,562
Value of Food Distributed	84,292,782
Total	**998,373,877**

Client Self-support Services by County

Fiscal Year 1990

	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
County	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
Anderson	4,152	$ 2,867,236	1,226	$ 825,597	12	6	18	31
Andrews	1,605	1,131,263	464	311,698	3	1	4	7
Angelina	7,773	5,540,614	2,445	1,654,894	33	25	58	111
Aransas	2,452	1,833,495	596	416,987	5	0	5	12
Archer	185	121,188	27	20,330	1	0	1	2
Armstrong	64	42,610	18	11,783	0	0	0	0
Atascosa	6,685	4,631,052	1,769	1,183,234	32	14	46	33
Austin	1,546	1,013,730	408	265,097	2	3	5	4
Bailey	870	574,215	138	91,007	4	0	4	0
Bandera	683	472,646	116	77,115	2	1	3	1
Bastrop	4,244	3,161,971	1,288	872,271	9	1	10	10
Baylor	459	282,237	62	43,330	2	0	2	0
Bee	5,250	3,546,608	1,535	1,056,144	12	1	13	18
Bell	17,400	12,786,171	5,998	4,205,345	49	13	62	232
Bexar	168,826	126,472,084	63,283	43,186,915	664	205	869	2,686
Blanco	307	208,137	45	31,997	2	0	2	0
Borden	19	11,506	7	3,697	3	0	3	0
Bosque	1,023	691,365	277	185,798	0	0	0	1
Bowie	9,203	6,518,386	3,535	2,409,879	31	16	47	107
Brazoria	11,067	8,234,823	3,277	2,243,235	17	0	17	42
Brazos	8,220	5,895,764	2,828	1,913,683	14	7	21	114
Brewster	1,049	719,767	220	162,222	0	1	1	0
Briscoe	258	177,739	84	54,521	1	0	1	0
Brooks	3,306	2,332,012	716	497,579	3	1	4	0
Brown	4,068	2,886,716	1,089	746,260	7	5	12	46
Burleson	1,704	1,189,684	644	422,641	4	2	6	1
Burnet	2,349	1,720,206	573	402,842	9	2	11	0
Caldwell	4,046	2,772,207	1,088	746,868	8	5	13	1
Calhoun	2,310	1,629,692	639	431,633	3	2	5	39
Callahan	1,172	832,378	241	165,745	6	2	8	4
Cameron	72,936	50,406,836	16,742	10,934,787	109	23	132	197
Camp	1,405	924,237	408	271,809	0	1	1	1
Carson	187	128,939	32	21,901	4	0	4	1
Cass	4,277	2,920,022	1,306	901,633	8	5	13	18
Castro	1,946	1,274,523	391	258,397	1	6	7	0
Chambers	1,461	1,106,503	472	326,633	3	2	5	0
Cherokee	4,656	3,202,828	1,488	1,016,289	12	5	17	42
Childress	1,024	718,985	235	160,864	3	2	5	0
Clay	448	272,262	46	35,709	0	0	0	1
Cochran	874	600,410	178	120,052	5	0	5	0

Client Self-support Services by County

Fiscal Year 1990

	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
County	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
Coke	235	$ 151,356	64	$ 41,557	0	0	0	0
Coleman	1,206	811,382	271	184,900	2	1	3	3
Collin	7,552	5,720,523	2,407	1,627,812	16	9	25	24
Collingsworth	424	273,625	109	67,806	1	0	1	0
Colorado	1,973	1,331,677	591	391,583	5	3	8	1
Comal	**3,473**	**2,475,176**	**871**	**598,899**	**4**	**3**	**7**	**18**
Comanche	**1,057**	**639,069**	**200**	**131,484**	**1**	**3**	**4**	**3**
Concho	**302**	**191,566**	**56**	**38,282**	**0**	**0**	**0**	**0**
Cooke	**2,624**	**1,848,101**	**636**	**452,183**	**3**	**1**	**4**	**9**
Coryell	**3,962**	**2,548,115**	**808**	**562,738**	**3**	**0**	**3**	**32**
Cottle	407	254,664	78	52,293	7	0	7	3
Crane	309	192,027	58	38,795	3	0	3	0
Crockett	557	365,908	125	82,739	1	3	4	0
Crosby	1,972	1,295,933	449	301,543	2	0	2	0
Culberson	722	442,843	105	69,534	2	0	2	1
Dallam	**882**	**627,445**	**144**	**99,673**	**2**	**9**	**11**	**21**
Dallas	**126,169**	**98,923,664**	**53,629**	**37,201,860**	**484**	**246**	**730**	**1,539**
Dawson	**3,089**	**2,032,154**	**784**	**521,787**	**4**	**3**	**7**	**19**
Deaf Smith	**3,549**	**2,398,768**	**883**	**598,885**	**7**	**8**	**15**	**41**
Delta	**604**	**385,718**	**154**	**106,797**	**0**	**0**	**0**	**5**
Denton	6,443	4,739,178	1,762	1,222,056	11	2	13	74
DeWitt	2,975	1,950,724	906	593,911	7	0	7	7
Dickens	412	261,330	57	38,298	0	0	0	13
Dimmit	4,149	2,872,358	979	663,091	1	4	5	32
Donley	441	303,223	105	71,576	6	0	6	3
Duval	**4,567**	**2,929,606**	**1,047**	**718,904**	**14**	**15**	**29**	**1**
Eastland	**1,813**	**1,210,740**	**365**	**244,307**	**8**	**2**	**10**	**10**
Ector	**15,618**	**11,854,277**	**5,351**	**3,719,257**	**54**	**23**	**77**	**92**
Edwards	**532**	**339,356**	**68**	**43,266**	**0**	**0**	**0**	**0**
Ellis	**6,022**	**4,178,095**	**1,826**	**1,232,813**	**20**	**11**	**31**	**38**
El Paso	107,805	75,489,397	24,688	17,075,493	296	140	436	1,098
Erath	1,609	1,094,707	435	288,713	2	0	2	7
Falls	3,324	2,374,048	949	656,419	8	1	9	80
Fannin	2,534	1,654,224	532	356,798	12	0	12	6
Fayette	1,304	854,619	348	236,202	5	0	5	1
Fisher	**560**	**361,747**	**97**	**64,212**	**0**	**1**	**1**	**2**
Floyd	**1,992**	**1,320,662**	**391**	**258,246**	**1**	**0**	**1**	**1**
Foard	**192**	**111,291**	**32**	**19,747**	**0**	**0**	**31**	**10**
Fort Bend	**10,481**	**7,768,713**	**3,752**	**2,504,580**	**27**	**4**	**34**	**159**
Franklin	**698**	**461,637**	**165**	**111,361**	**3**	**0**	**8**	**3**

Client Self-support Services by County

Fiscal Year 1990

	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
County	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
Freestone	1,503	$ 1,023,471	361	$ 248,539	4	1	26	0
Frio	3,637	2,344,056	1,031	689,305	14	7	21	8
Gaines	2,049	1,355,980	496	321,785	5	0	5	1
Galveston	20,836	16,510,525	7,966	5,463,386	55	22	77	267
Garza	896	590,288	235	159,338	3	0	3	0
Gillespie	624	418,304	144	98,882	1	0	1	0
Glasscock	23	14,923	4	2,111	0	0	0	0
Goliad	940	642,482	222	152,510	3	0	3	0
Gonzales	3,201	2,083,580	922	617,168	2	8	10	0
Gray	1,776	1,260,066	515	348,817	20	2	22	53
Grayson	7,420	5,324,337	2,180	1,544,668	24	4	28	67
Gregg	10,440	7,573,481	3,800	2,631,879	23	3	26	165
Grimes	2,447	1,707,284	846	576,926	0	0	0	35
Guadalupe	6,957	4,849,727	1,997	1,378,809	36	11	47	56
Hale	5,312	3,505,010	1,373	905,052	16	8	24	147
Hall	694	455,392	120	82,990	1	0	1	3
Hamilton	565	367,247	110	74,893	2	0	2	0
Hansford	258	161,275	52	32,397	1	0	1	0
Hardeman	546	360,999	133	87,375	4	0	4	15
Hardin	4,397	3,265,837	1,288	880,773	10	3	13	16
Harris	266,322	217,922,437	115,039	79,551,842	1,032	328	1,360	2,921
Harrison	6,947	5,015,120	2,782	1,907,643	23	8	31	63
Hartley	19	8,477	2	1,119	0	0	0	1
Haskell	841	549,944	199	136,056	0	3	3	1
Hays	5,340	3,798,469	1,614	1,102,168	7	1	8	35
Hemphill	71	36,382	11	6,527	1	0	1	2
Henderson	5,508	3,849,414	1,595	1,126,346	9	0	9	28
Hidalgo	129,023	92,051,913	26,778	17,475,842	284	110	394	351
Hill	3,297	2,362,041	921	632,170	2	6	8	9
Hockley	3,278	2,283,253	983	649,132	13	5	18	32
Hood	1,192	804,348	219	145,887	2	0	2	3
Hopkins	2,054	1,266,692	387	277,191	5	1	6	25
Houston	3,655	2,597,682	1,379	957,786	8	25	33	63
Howard	4,407	3,156,604	1,627	1,099,912	7	4	11	42
Hudspeth	281	190,004	36	21,212	1	0	1	3
Hunt	6,516	4,691,286	1,938	1,355,426	32	21	53	68
Hutchinson	1,813	1,270,467	458	320,866	15	0	15	27
Irion	113	82,634	15	11,570	0	0	0	0
Jack	670	502,532	207	139,955	3	0	3	1
Jackson	1,597	1,119,852	591	396,351	1	0	1	1

Client Self-support Services by County

Fiscal Year 1990

	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
County	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
Jasper	5,133	$ 3,660,029	1,554	$ 1,077,975	7	0	7	29
Jeff Davis	172	108.111	26	18,446	0	0	0	11
Jefferson	32,040	24,781,950	12,355	8,479,292	133	65	198	344
Jim Hogg	1,637	984,682	246	168,085	1	0	1	62
Jim Wells	9,373	6,311,130	2,374	1,612,072	46	20	66	359
Johnson	6,579	4,859,717	1,930	1,344,552	14	10	24	53
Jones	2,284	1,508,893	484	329,677	2	5	7	31
Karnes	2,951	1,995,372	896	593,353	22	6	28	0
Kaufman	4,052	2,926,381	1,457	988,755	13	4	17	31
Kendall	814	582,710	209	143,507	3	1	4	6
Kenedy	98	47,692	2	1,126	0	1	1	1
Kent	54	35,053	6	5,177	0	0	0	0
Kerr	3,302	2,412,327	936	635,940	29	10	39	52
Kimble	390	266,812	99	63,701	0	0	0	0
King	11	6,073	0	0	0	0	0	0
Kinney	733	489,623	102	64,780	1	0	1	1
Kleberg	6,913	5,120,636	2,188	1,518,771	18	4	22	30
Knox	663	420,006	172	109,839	6	0	6	2
Lamar	5,653	3,717,114	1,630	1,142,778	10	7	17	96
Lamb	2,663	1,765,485	687	456,006	12	2	14	4
Lampasas	1,593	1,141,085	471	330,583	1	0	1	15
LaSalle	1,539	984,244	331	229,044	10	2	12	9
Lavaca	1,396	848,045	385	254,236	4	2	6	1
Lee	733	500,670	251	164,642	1	0	1	0
Leon	1,503	1,082,962	425	296,884	2	0	2	1
Liberty	7,418	5,763,038	2,396	1,686,965	18	11	29	2
Limestone	2,618	1,836,533	784	540,587	5	1	6	2
Lipscomb	88	63,163	21	14,279	0	0	0	0
Live Oak	1,261	831,263	258	181,342	4	0	4	21
Llano	589	426,820	135	93,310	3	0	3	1
Loving	0	0	0	0	0	0	0	0
Lubbock	25,343	18,672,359	8,587	5,840,220	124	77	201	681
Lynn	1,417	916,556	273	187,368	4	2	6	5
Madison	1,719	1,241,858	494	339,276	2	0	2	0
Marion	1,997	1,413,506	718	478,291	1	1	2	2
Martin	626	426,368	144	93,426	1	0	1	0
Mason	410	265,241	62	40,250	0	0	0	0
Matagorda	5,192	3,904,027	1,890	1,271,932	10	0	10	39
Maverick	14,224	9,948,821	2,497	1,646,515	17	6	23	37
McCulloch	1,451	979,871	337	223,604	1	0	1	3

Client Self-support Services by County
Fiscal Year 1990

County	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
McLennan	21,912	$ 16,218,599	7,703	$ 5,206,091	79	36	115	161
McMullen	60	36,068	3	2,276	0	0	0	0
Medina	4,325	3,002,570	1,176	795,416	23	15	38	9
Menard	435	266,272	51	34,843	0	0	0	0
Midland	8,522	6,358,041	2,947	1,970,225	27	18	45	73
Milam	**3,210**	**2,168,873**	**952**	**631,319**	**5**	**1**	**6**	**43**
Mills	**394**	**265,784**	**72**	**48,257**	**0**	**0**	**0**	**0**
Mitchell	**1,224**	**771,454**	**236**	**157,213**	**1**	**1**	**2**	**31**
Montague	**1,281**	**860,043**	**252**	**166,186**	**1**	**4**	**5**	**1**
Montgomery	**13,178**	**10,198,393**	**4,646**	**3,243,911**	**18**	**5**	**23**	**78**
Moore	1,309	864,915	277	191,991	21	3	24	26
Morris	1,918	1,284,434	616	425,969	3	6	9	6
Motley	130	85,031	26	17,695	0	0	0	1
Nacogdoches	5,728	4,188,487	1,942	1,327,328	10	7	17	93
Navarro	4,722	3,230,366	1,467	1,002,157	12	10	22	18
Newton	**2,175**	**1,559,591**	**691**	**471,695**	**2**	**6**	**8**	**7**
Nolan	**2,426**	**1,688,023**	**660**	**444,332**	**10**	**6**	**16**	**29**
Nueces	**43,971**	**32,061,577**	**14,991**	**10,262,680**	**172**	**98**	**270**	**475**
Ochiltree	**439**	**290,878**	**117**	**81,309**	**4**	**2**	**6**	**15**
Oldham	**82**	**54,997**	**16**	**10,719**	**0**	**0**	**0**	**0**
Orange	8,518	6,432,435	3,048	2,146,630	25	27	52	102
Palo Pinto	3,190	2,250,099	854	608,037	15	3	18	55
Panola	2,443	1,640,968	701	479,637	6	0	6	15
Parker	3,756	2,743,711	980	690,997	7	7	14	4
Parmer	1,121	669,583	205	137,294	3	0	3	1
Pecos	**2,471**	**1,688,864**	**533**	**345,434**	**8**	**2**	**10**	**16**
Polk	**4,383**	**3,158,757**	**1,107**	**761,767**	**3**	**11**	**14**	**26**
Potter	**17,287**	**12,976,381**	**5,168**	**3,596,630**	**65**	**46**	**111**	**181**
Presidio	**1,836**	**1,286,983**	**337**	**223,052**	**3**	**1**	**4**	**1**
Rains	**393**	**251,181**	**101**	**69,435**	**0**	**0**	**0**	**0**
Randall	1,780	1,279,332	518	364,262	3	2	5	47
Reagan	353	215,314	52	35,895	0	0	0	0
Real	455	310,871	68	49,757	1	0	1	2
Red River	2,112	1,345,165	541	374,511	4	0	4	146
Reeves	3,579	2,217,997	538	366,752	8	7	15	4
Refugio	**1,353**	**911,352**	**395**	**280,397**	**7**	**1**	**8**	**1**
Roberts	**10**	**6,470**	**2**	**1,502**	**0**	**0**	**0**	**0**
Robertson	**3,132**	**2,221,952**	**1,150**	**776,451**	**8**	**2**	**10**	**21**
Rockwall	**871**	**610,680**	**180**	**125,426**	**2**	**0**	**2**	**1**
Runnels	**1,269**	**778,641**	**307**	**192,543**	**5**	**1**	**6**	**3**

Client Self-support Services by County

Fiscal Year 1990

	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
County	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
Rusk	4,777	$ 3,376,131	1,649	$ 1,148,827	14	8	22	42
Sabine	1,093	778,307	343	235,207	5	1	6	2
San Augustine	1,277	880,249	490	332,025	9	6	15	76
San Jacinto	2,552	1,964,395	802	554,803	7	1	8	89
San Patricio	12,840	9,023,772	3,555	2,411,083	45	0	45	300
San Saba	760	491,286	162	108,066	0	0	0	35
Schleicher	362	223,889	34	21,278	3	2	5	0
Scurry	1,929	1,243,878	486	317,497	7	3	10	25
Shackelford	300	205,475	57	36,378	0	0	0	0
Shelby	3,666	2,671,947	1,328	927,768	11	2	13	38
Sherman	28	15,452	0	0	0	0	0	0
Smith	14,005	10,338,046	4,868	3,384,987	46	15	61	75
Somervell	389	281,712	113	75,399	0	0	0	3
Starr	17,378	12,608,151	2,495	1,676,205	20	9	29	38
Stephens	1,052	694,824	178	117,988	4	2	6	18
Sterling	98	64,691	22	16,139	0	0	0	1
Stonewall	173	119,231	52	33,469	0	1	1	0
Sutton	371	216,617	45	30,285	0	1	1	0
Swisher	1,285	807,752	325	201,571	5	4	9	22
Tarrant	62,624	47,671,871	22,866	15,633,119	165	77	242	491
Taylor	10,156	7,197,453	3,007	2,031,324	29	40	69	126
Terrell	85	54,913	15	9,829	0	0	0	0
Terry	2,766	1,968,784	875	586,889	7	2	9	14
Throckmorton	146	89,768	15	9,308	0	1	1	0
Titus	2,048	1,316,862	547	368,695	9	1	10	13
Tom Green	10,583	7,407,160	2,833	1,934,687	41	6	47	227
Travis	43,687	34,165,395	16,257	11,164,318	178	41	219	668
Trinity	1,740	1,265,623	562	391,838	4	1	5	7
Tyler	2,302	1,600,260	603	412,458	0	1	1	15
Upshur	3,454	2,404,981	983	675,459	6	11	17	26
Upton	437	289,435	102	74,458	2	0	2	0
Uvalde	6,483	4,549,584	1,375	912,419	21	7	28	98
Val Verde	10,652	7,495,649	2,305	1,564,946	39	11	50	83
Van Zandt	2,873	1,965,809	659	455,560	11	0	11	87
Victoria	8,418	5,908,966	3,126	2,140,230	28	13	41	123
Walker	4,337	3,296,950	1,602	1,094,730	7	3	10	20
Waller	3,001	2,224,923	1,041	704,737	7	1	8	26
Ward	1,481	969,890	346	230,689	4	5	9	0
Washington	2,432	1,667,684	865	571,933	1	2	3	12
Webb	39,668	26,429,630	7,846	5,176,208	68	1	69	155

Client Self-support Services by County

Fiscal Year 1990

	Food Stamps		AFDC		Fraud (In AFDC and Food Stamps)			
County	Participants (Monthly Average)	Food Stamp Value (Total FY)	Recipients[1] (Monthly Average)	Payments (Total FY)	Disqualification Hearings[2]	Court Adjudications[3]	Total	Children in Day Care Purchased by DHS[4]
Wharton	5,333	$ 3,716,233	1,592	$ 1,080,450	18	10	28	2
Wheeler	518	343,572	162	102,102	4	0	4	0
Wichita	10,889	8,001,267	3,068	2,134,795	46	21	67	196
Wilbarger	1,355	880,583	330	223,679	7	0	7	19
Willacy	6,522	4,343,188	1,225	800,658	4	0	4	3
Williamson	**5,979**	**4,065,639**	**1,627**	**1,091,379**	**22**	**4**	**26**	**54**
Wilson	**3,362**	**2,280,985**	**750**	**508,217**	**22**	**11**	**33**	**2**
Winkler	**1,004**	**618,834**	**217**	**150,798**	**3**	**0**	**3**	**0**
Wise	**1,882**	**1,308,999**	**470**	**331,211**	**1**	**0**	**1**	**3**
Wood	**2,707**	**1,832,644**	**707**	**490,063**	**8**	**0**	**8**	**5**
Yoakum	743	487,885	175	120,369	0	2	2	8
Young	1,593	1,134,639	350	240,866	7	2	9	3
Zapata	3,151	2,197,875	412	268,195	6	4	10	18
Zavala	4,853	3,245,642	1,121	734,719	1	2	3	5
State Totals	**1,881,496**	**1,386,369,240**	**603,280**	**412,426,339**	**5,812**	**2,330**	**8,202**	**18,510**

[1] Includes children and caregivers.

[2] Food stamps only.

[3] Does not include cases for which restitution was arranged.

[4] Average daily full-time equivalent clients served.

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Anderson	$ 4,451,454	183	$ 412,156	344	$ 4,156,665	2,953
Andrews	646,560	6	201,863	60	666,389	945
Angelina	8,336,306	371	775,442	599	7,495,166	5,712
Aransas	2,149,417	21	313,109	57	620,208	1,372
Archer	330,145	18	16,708	24	253,427	167
Armstrong	49,216	1	2,372	16	207,825	61
Atascosa	5,275,694	221	787,896	189	2,390,734	3,730
Austin	1,908,384	76	207,747	146	1,590,549	1,119
Bailey	435,939	24	63,938	27	302,422	397
Bandera	412,138	19	90,244	20	225,742	342
Bastrop	3,091,014	145	464,681	200	2,469,199	2,667
Baylor	475,542	61	28,079	41	423,705	292
Bee	3,257,728	100	570,401	139	1,576,299	3,065
Bell	11,806,571	632	1,402,779	827	9,551,756	10,524
Bexar	135,561,771	3,696	21,491,284	3,098	41,393,946	104,726
Blanco	260,307	11	12,226	80	884,542	193
Borden	15,185	1	1,630	0	0	15
Bosque	976,695	32	97,560	188	1,951,635	847
Bowie	10,819,869	589	1,030,718	478	5,651,884	6,782
Brazoria	9,857,292	206	1,241,288	621	7,646,698	6,702
Brazos	4,875,536	294	946,073	290	3,559,805	5,209
Brewster	352,526	73	80,056	11	130,662	550
Briscoe	199,852	17	27,450	1	18,431	169
Brooks	3,011,448	241	415,945	61	773,313	1,734
Brown	3,447,474	95	530,487	494	6,425,619	2,932
Burleson	1,658,199	91	171,753	100	1,321,949	1,289
Burnet	2,315,933	146	238,837	142	1,696,711	1,387
Caldwell	3,432,578	95	413,456	208	2,394,402	2,547
Calhoun	1,411,052	24	327,988	83	1,006,884	1,400
Callahan	983,619	91	133,767	103	1,179,921	739
Cameron	45,754,081	1,800	6,732,858	775	10,693,671	36,097
Camp	1,437,164	108	181,934	67	772,324	854
Carson	248,543	11	7,734	18	209,679	108
Cass	5,295,128	286	416,702	307	3,483,231	3,127
Castro	898,945	29	137,599	50	563,754	768
Chambers	2,075,656	101	189,239	22	271,841	867
Cherokee	6,426,565	335	624,488	467	5,425,011	3,534
Childress	1,142,816	103	61,864	85	918,494	626
Clay	449,491	60	30,192	95	1,027,940	290
Cochran	723,916	28	71,736	16	151,152	400

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Coke	$ 383,409	34	$ 15,202	63	$ 672,954	214
Coleman	1,294,060	100	101,913	112	1,236,669	808
Collin	6,687,772	295	901,088	451	4,883,007	5,078
Collingsworth	488,071	34	23,004	42	466,863	304
Colorado	2,218,057	107	221,526	213	2,487,102	1,495
Comal	**2,794,921**	**89**	**254,792**	**379**	**5,529,404**	**2,241**
Comanche	**1,507,941**	**54**	**103,060**	**191**	**2,229,574**	**897**
Concho	**376,082**	**21**	**22,365**	**36**	**429,522**	**193**
Cooke	**1,818,435**	**79**	**257,168**	**200**	**2,309,999**	**1,540**
Coryell	**3,592,602**	**215**	**289,881**	**262**	**3,579,111**	**1,924**
Cottle	523,336	59	24,268	29	365,629	245
Crane	104,349	6	18,832	16	156,040	144
Crockett	299,951	19	29,378	20	225,740	285
Crosby	1,152,802	87	149,733	58	627,093	931
Culberson	184,089	13	7,834	0	2,223	236
Dallam	**416,559**	**18**	**75,607**	**26**	**305,517**	**350**
Dallas	**99,262,831**	**3,270**	**12,185,081**	**4,178**	**48,156,868**	**83,665**
Dawson	**1,500,547**	**125**	**233,823**	**58**	**620,448**	**1,546**
Deaf Smith	**1,643,006**	**69**	**235,805**	**60**	**649,830**	**3,452**
Delta	**996,020**	**81**	**63,217**	**73**	**820,953**	**505**
Denton	6,463,315	135	628,483	816	12,409,613	5,206
DeWitt	2,865,505	96	432,909	263	3,118,493	2,236
Dickens	761,284	27	20,291	26	298,689	226
Dimmit	2,794,798	106	384,252	56	816,016	2,070
Donley	366,840	22	34,758	31	331,754	276
Duval	**4,765,737**	**275**	**475,402**	**45**	**633,699**	**2,469**
Eastland	**2,276,784**	**134**	**161,370**	**337**	**4,137,431**	**1,374**
Ector	**7,267,924**	**379**	**1,454,270**	**268**	**3,122,312**	**9,114**
Edwards	**242,341**	**4**	**15,021**	**2**	**24,394**	**165**
Ellis	**4,903,892**	**164**	**465,991**	**418**	**4,665,712**	**4,050**
El Paso	54,464,125	1,846	6,335,442	748	10,380,439	98,747
Erath	2,000,627	99	206,153	330	4,197,861	1,423
Falls	3,527,147	223	328,766	200	2,359,617	2,188
Fannin	4,071,486	235	213,951	360	3,793,296	2,015
Fayette	2,315,685	95	134,775	246	3,031,690	1,246
Fisher	**568,861**	**32**	**35,330**	**46**	**524,440**	**333**
Floyd	**769,840**	**42**	**166,771**	**52**	**602,930**	**855**
Foard	**244,205**	**17**	**15,426**	**27**	**291,891**	**143**
Fort Bend	**8,107,761**	**267**	**1,096,655**	**218**	**2,408,277**	**14,957**
Franklin	**795,442**	**50**	**111,580**	**90**	**1,054,494**	**462**

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Freestone	$ 2,101,525	171	$ 129,161	219	$ 2,583,474	1,101
Frio	3,120,978	165	424,280	90	1,245,515	2,104
Gaines	778,785	30	174,459	19	206,826	1,020
Galveston	19,260,364	639	1,158,870	496	5,526,897	12,963
Garza	647,628	38	72,705	47	515,417	456
Gillespie	**1,287,303**	**17**	**36,154**	**159**	**1,711,863**	**641**
Glasscock	**39,757**	**1**	**859**	**0**	**0**	**15**
Goliad	**886,751**	**11**	**127,396**	**44**	**574,404**	**565**
Gonzales	**1,966,027**	**80**	**326,443**	**175**	**2,171,487**	**2,025**
Gray	**2,175,928**	**113**	**149,193**	**124**	**1,394,911**	**1,207**
Grayson	8,644,272	477	691,931	970	11,390,539	5,439
Gregg	11,718,389	393	1,308,518	926	11,511,903	7,920
Grimes	3,499,240	172	285,595	99	1,104,608	1,687
Guadalupe	5,118,165	248	806,401	276	3,720,882	4,084
Hale	3,635,763	210	404,752	209	2,543,770	2,927
Hall	**713,945**	**57**	**29,123**	**32**	**351,588**	**367**
Hamilton	**973,536**	**39**	**59,907**	**191**	**2,089,421**	**542**
Hansford	**121,847**	**10**	**15,579**	**24**	**251,843**	**162**
Hardeman	**870,926**	**65**	**42,794**	**65**	**689,473**	**440**
Hardin	**4,659,204**	**239**	**662,059**	**188**	**2,386,717**	**2,721**
Harris	204,795,540	6,747	33,407,485	4,537	57,466,290	176,765
Harrison	6,796,798	381	990,800	390	4,533,357	5,299
Hartley	10,064	4	362	12	118,728	21
Haskell	1,024,647	62	84,396	83	880,561	574
Hays	4,555,751	151	566,225	217	2,805,078	3,244
Hemphill	**109,530**	**3**	**3,192**	**15**	**145,765**	**58**
Henderson	**5,926,127**	**287**	**645,177**	**360**	**3,949,573**	**3,715**
Hidalgo	**58,824,338**	**2,071**	**12,424,639**	**862**	**11,996,958**	**56,735**
Hill	**2,482,551**	**110**	**416,858**	**359**	**3,839,307**	**2,308**
Hockley	**2,651,186**	**113**	**290,978**	**96**	**1,473,393**	**1,825**
Hood	1,471,886	25	108,192	177	2,095,855	822
Hopkins	3,019,474	220	214,796	242	2,717,555	1,571
Houston	5,067,286	221	544,908	233	2,781,706	2,970
Howard	3,258,477	122	573,505	153	1,823,290	2,931
Hudspeth	226,467	2	8,473	1	32,091	103
Hunt	**6,397,379**	**396**	**674,861**	**298**	**3,540,251**	**4,275**
Hutchinson	**1,006,818**	**88**	**130,454**	**80**	**841,877**	**1,044**
Irion	**153,752**	**8**	**6,214**	**0**	**5,605**	**50**
Jack	**529,660**	**18**	**86,047**	**54**	**554,085**	**454**
Jackson	**1,885,511**	**60**	**257,804**	**95**	**1,154,373**	**1,178**

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Jasper	$ 4,686,853	213	$ 771,550	257	$ 2,993,463	3,321
Jeff Davis	54,313	18	14,563	0	123	198
Jefferson	32,495,649	1,409	4,448,835	1,157	14,715,453	22,049
Jim Hogg	1,223,930	103	101,722	3	45,122	1,242
Jim Wells	9,430,509	603	1,221,729	273	3,484,803	9,865
Johnson	**5,401,612**	**205**	**986,528**	**652**	**8,928,353**	**4,662**
Jones	**2,176,680**	**139**	**262,374**	**294**	**3,794,953**	**1,461**
Karnes	**3,046,596**	**138**	**401,730**	**166**	**2,250,647**	**2,006**
Kaufman	**4,681,066**	**205**	**393,502**	**418**	**4,634,031**	**2,978**
Kendall	**513,081**	**16**	**58,313**	**122**	**1,292.458**	**520**
Kenedy	24,026	2	2,500	0	164	13
Kent	81,469	4	2,866	12	148,234	48
Kerr	2,481,175	73	287,835	106	1,082,430	1,890
Kimble	390,033	92	49,162	38	446,404	288
King	313	0	415	0	0	2
Kinney	**52,345**	**8**	**36,793**	**0**	**0**	**196**
Kleberg	**3,224,972**	**231**	**962,646**	**75**	**872,843**	**3,892**
Knox	**539,147**	**27**	**75,028**	**81**	**932,439**	**479**
Lamar	**8,100,784**	**402**	**421,137**	**485**	**5,511,066**	**4,121**
Lamb	**1,914,256**	**100**	**257,633**	**76**	**864,954**	**1,483**
Lampasas	1,968,063	96	206,497	112	1,296,736	1,070
Lasalle	1,284,395	94	156,331	4	63,933	825
Lavaca	1,797,434	93	205,741	230	2,683,665	1,392
Lee	1,234,208	52	66,715	104	1,109,863	682
Leon	2,235,563	155	132,325	74	836,080	1,110
Liberty	**8,199,764**	**310**	**987,018**	**259**	**3,349,257**	**4,556**
Limestone	**3,159,537**	**140**	**350,960**	**263**	**3,192,268**	**2,771**
Lipscomb	**131,888**	**4**	**5,827**	**10**	**98,787**	**66**
Live Oak	**1,179,415**	**34**	**117,080**	**41**	**440,028**	**1,206**
Llano	**1,116,491**	**52**	**44,123**	**165**	**1,960,810**	**135**
Loving	1,824	0	0	0	0	0
Lubbock	22,863,015	790	2,863,206	715	8,632,103	16,106
Lynn	848,813	23	126,856	26	279,388	695
Madison	1,273,973	96	151,313	83	888,795	967
Marion	1,987,062	122	189,665	50	645,403	1,424
Martin	**295,992**	**11**	**47,929**	**37**	**456,428**	**339**
Mason	**597,921**	**19**	**30,973**	**45**	**553,102**	**271**
Matagorda	**3,910,595**	**167**	**556,733**	**142**	**1,801,315**	**3,321**
Maverick	**8,105,963**	**104**	**1,102,923**	**68**	**897,510**	**5,932**
McCulloch	**1,131,909**	**55**	**160,439**	**123**	**1,358,062**	**952**

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Mclennan	$ 16,204,168	1,151	$ 1,741,019	1,367	$ 16,636,030	14,328
McMullen	137,022	2	75	0	1,341	13
Medina	4,616,722	138	509,393	213	3,146,158	2,808
Menard	351,456	24	30,884	25	291,578	229
Midland	5,120,140	193	897,668	289	3,840,025	5,161
Milam	**2,968,110**	**191**	**253,642**	**189**	**2,147,308**	**2,174**
Mills	**582,788**	**24**	**26,367**	**89**	**950,716**	**427**
Mitchell	**882,611**	**38**	**88,767**	**117**	**1,197,861**	**712**
Montague	**1,871,814**	**86**	**126,792**	**248**	**2,714,394**	**1,049**
Montgomery	**9,977,163**	**266**	**1,546,474**	**387**	**4,452,844**	**8,401**
Moore	669,046	36	106,849	59	626,769	604
Morris	2,226,963	149	281,245	173	1,926,840	1,371
Motley	129,883	13	10,767	0	1,453	94
Nacogdoches	6,348,012	194	577,585	390	4,528,837	4,232
Navarro	5,290,438	337	297,903	371	4,589,563	3,527
Newton	**1,731,203**	**116**	**412,281**	**54**	**774,603**	**1,424**
Nolan	**1,771,205**	**96**	**253,251**	**161**	**1,966,575**	**1,549**
Nueces	**34,906,362**	**1,137**	**6,266,966**	**1,189**	**16,417,345**	**27,315**
Ochiltree	**403,603**	**6**	**43,192**	**28**	**291,834**	**266**
Oldham	**11,688**	**0**	**3,825**	**0**	**937**	**43**
Orange	7,404,191	287	1,285,837	358	4,045,295	5,752
Palo Pinto	2,561,490	93	381,024	165	1,919,411	3,685
Panola	2,228,221	160	224,029	144	1,667,402	1,573
Parker	2,290,440	77	488,832	234	2,700,441	2,285
Parmer	337,915	12	63,899	44	522,216	460
Pecos	**1,532,035**	**109**	**155,066**	**33**	**390,609**	**1,148**
Polk	**4,547,941**	**233**	**328,705**	**202**	**2,167,480**	**2,626**
Potter	**11,565,519**	**436**	**1,395,982**	**486**	**5,226,517**	**9,782**
Presidio	**859,690**	**97**	**60,653**	**3**	**78,768**	**923**
Rains	**859,940**	**57**	**50,557**	**42**	**454,826**	**336**
Randall	638,558	139	175,752	157	1,534,130	1,228
Reagan	93,157	4	9,663	21	207,001	140
Real	145,366	13	19,151	21	246,594	188
Red River	4,168,547	245	187,573	240	2,847,725	2,615
Reeves	1,235,279	85	160,706	40	450,837	1,524
Refugio	**691,102**	**21**	**149,971**	**43**	**473,668**	**762**
Roberts	**13,124**	**2**	**799**	**0**	**2,121**	**8**
Robertson	**2,447,513**	**111**	**443,538**	**164**	**1,978,352**	**2,240**
Rockwall	**1,049,751**	**18**	**106,356**	**106**	**1,065,460**	**510**
Runnels	**1,374,806**	**88**	**136,753**	**87**	**975,023**	**848**

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Rusk	$ 4,025,679	252	$ 621,661	367	$ 4,067,837	3,418
Sabine	1,667,180	103	166,540	75	826,012	867
San Augustine	2,130,418	128	147,726	194	2,524,452	1,926
San Jacinto	2,565,940	150	310,744	1	18,960	2,965
San Patricio	7,516,676	505	1,661,303	199	2,217,525	13,674
San Saba	**1,013,137**	**59**	**82,418**	**79**	**901,093**	**838**
Schleicher	**255,687**	**16**	**20,593**	**23**	**232,215**	**174**
Scurry	**1,117,498**	**36**	**139,193**	**87**	**945,610**	**1,089**
Shackelford	**212,507**	**19**	**13,590**	**38**	**401,358**	**171**
Shelby	**4,293,497**	**229**	**583,235**	**213**	**2,520,817**	**2,872**
Sherman	72,427	5	554	19	182,284	32
Smith	13,713,793	632	1,575,189	845	9,357,330	9,916
Somervell	386,820	22	39,662	34	455,868	265
Starr	7,444,945	333	1,111,229	82	1,172,948	5,896
Stephens	970,718	83	104,062	82	860,997	591
Sterling	**58,035**	**1**	**10,753**	**6**	**67,524**	**53**
Stonewall	**195,302**	**7**	**25,849**	**32**	**378,073**	**134**
Sutton	**362,499**	**24**	**25,465**	**20**	**236,874**	**206**
Swisher	**497,399**	**55**	**93,327**	**4**	**51,412**	**630**
Tarrant	**56,390,103**	**1,418**	**5,260,967**	**3,811**	**43,925,169**	**41,852**
Taylor	9,072,804	695	1,073,036	566	6,491,367	7,405
Terrell	129,494	18	3,345	0	0	53
Terry	1,896,730	71	286,589	88	991,731	1,572
Throckmorton	124,175	9	7,244	22	239,899	92
Titus	3,060,215	154	339,320	282	3,223,343	1,657
Tom Green	**8,640,287**	**382**	**981,517**	**541**	**6,803,852**	**12,019**
Travis	**35,485,731**	**1,430**	**5,089,981**	**1,636**	**21,960,880**	**30,242**
Trinity	**1,485,403**	**88**	**309,721**	**79**	**769,801**	**1,134**
Tyler	**2,172,950**	**103**	**223,979**	**118**	**1,316,999**	**1,362**
Upshur	**3,268,085**	**236**	**406,816**	**174**	**1,777,894**	**2,033**
Upton	287,352	11	30,625	16	189,543	226
Uvalde	3,138,160	108	442,508	144	1,827,337	3,101
Val Verde	5,314,495	139	743,511	110	1,430,241	9,893
Van Zandt	3,212,156	146	299,693	447	5,528,575	3,147
Victoria	6,593,571	180	1,364,952	349	4,155,669	5,946
Walker	**3,734,393**	**142**	**472,231**	**184**	**2,142,171**	**2,802**
Waller	**2,305,036**	**127**	**274,529**	**116**	**1,276,447**	**1,814**
Ward	**579,711**	**58**	**87,162**	**29**	**378,770**	**732**
Washington	**2,825,012**	**149**	**229,381**	**206**	**2,368,144**	**2,468**
Webb	**23,628,525**	**1,003**	**3,607,903**	**266**	**3,518,381**	**17,818**

Contracted Client Services by County

Fiscal Year 1990

County	Hospitals, Physicians, Laboratory, X-ray and Other Services[1]	Community Care for Aged and Disabled[2]	Prescribed Medicines	Nursing Home Private ICF-MR		Medicaid Eligibles (Monthly Average)
				Clients[3]	Payments	
Wharton	$ 6,430,284	237	$ 484,162	276	$ 3,030,093	3,558
Wheeler	1,025,086	46	46,988	89	993,677	454
Wichita	8,836,390	608	1,295,151	851	9,888,489	7,026
Wilbarger	1,701,127	129	155,319	164	2,049,499	1,023
Willacy	3,951,161	155	711,803	57	806,504	2,922
Williamson	**7,064,961**	**272**	**550,671**	**548**	**6,510,301**	**4,336**
Wilson	**3,487,742**	**150**	**310,421**	**117**	**1,395,854**	**1,848**
Winkler	**459,715**	**15**	**64,364**	**45**	**498,332**	**478**
Wise	**1,970,595**	**107**	**193,692**	**202**	**2,130,882**	**1,271**
Wood	**3,660,548**	**205**	**317,015**	**379**	**4,002,798**	**2,086**
Yoakum	438,171	6	60,124	32	377,505	408
Young	1,433,815	85	164,470	256	2,826,564	1,088
Zapata	1,983,314	102	161,714	1	9,729	1,075
Zavala	2,408,651	120	464,972	3	39,374	2,354
TOTAL	**$ 1,458,273,590**	**58,177**	**$ 198,033,269**	**63,524**	**$ 770,461,973**	**1,229,095**

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[1] Includes payments on behalf of clients by the health insuring contractor and does not necessarily equal the premium paid. Other services include medical screening, dental treatment, anesthesia, ambulance, chiropractors, hearing aids, rural health, home health, sterilizations, primary home care, optical, podiatrist and comprehensive health centers. Excluded are goal-directed therapy, medical transportation, and payment of supplemental medical insurance premiums.

[2] Monthly average unduplicated number of clients served. Community Care includes primary home care, family care, congregate and home-delivered meals, day activity and health services, alternate living plans, and case management.

[3] Average daily number of clients served.

Protective Services by County

Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities Day Care (Part Time)	Regulated Child-care Facilities 24-hour (Full Time)
Anderson	186	207	17	33	6
Andrews	19	6	15	10	1
Angelina	123	131	82	53	21
Aransas	324	43	1	8	2
Archer	29	0	12	11	2
Armstrong	**7**	**3**	**9**	**2**	**1**
Atascosa	**73**	**64**	**56**	**18**	**4**
Austin	**75**	**30**	**12**	**23**	**4**
Bailey	**79**	**18**	**0**	**15**	**8**
Bandera	**21**	**9**	**17**	**6**	**4**
Bastrop	231	33	160	61	11
Baylor	30	43	1	4	2
Bee	234	64	8	44	9
Bell	1,032	231	664	261	75
Bexar	8,162	2,298	1,694	476	317
Blanco	**21**	**3**	**1**	**9**	**4**
Borden	**7**	**0**	**0**	**0**	**0**
Bosque	**62**	**43**	**5**	**23**	**4**
Bowie	**485**	**311**	**274**	**85**	**33**
Brazoria	**968**	**73**	**465**	**231**	**35**
Brazos	201	82	263	212	24
Brewster	60	79	12	8	1
Briscoe	1	3	0	1	1
Brooks	27	24	1	6	1
Brown	326	49	41	50	6
Burleson	**103**	**46**	**12**	**13**	**6**
Burnet	**201**	**55**	**152**	**22**	**7**
Caldwell	**83**	**43**	**72**	**20**	**6**
Calhoun	**261**	**3**	**29**	**31**	**6**
Callahan	**59**	**30**	**21**	**21**	**6**
Cameron	1,179	393	661	168	55
Camp	41	70	4	9	5
Carson	14	12	12	12	1
Cass	137	100	0	21	11
Castro	105	0	9	7	4
Chambers	**45**	**12**	**9**	**11**	**0**
Cherokee	**268**	**198**	**35**	**46**	**6**
Childress	**29**	**15**	**1**	**9**	**2**
Clay	**18**	**3**	**17**	**23**	**4**
Cochran	**19**	**9**	**36**	**0**	**3**

Protective Services by County
Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities Day Care (Part Time)	Regulated Child-care Facilities 24-hour (Full Time)
Coke	26	3	5	1	0
Coleman	52	52	4	12	2
Collin	816	119	88	390	39
Collingsworth	51	12	7	2	0
Colorado	89	37	5	28	2
Comal	**197**	**70**	**56**	**64**	**13**
Comanche	**73**	**27**	**11**	**18**	**3**
Concho	**11**	**12**	**0**	**5**	**0**
Cooke	**245**	**40**	**33**	**39**	**11**
Coryell	**374**	**49**	**95**	**97**	**10**
Cottle	18	9	12	2	0
Crane	12	3	35	9	0
Crockett	31	0	0	4	1
Crosby	59	21	28	13	9
Culberson	31	24	0	1	0
Dallam	**62**	**15**	**13**	**19**	**4**
Dallas	**7,011**	**1,154**	**890**	**2,389**	**502**
Dawson	**45**	**15**	**16**	**10**	**1**
Deaf Smith	**112**	**12**	**17**	**16**	**5**
Delta	**31**	**21**	**5**	**4**	**1**
Denton	620	164	246	434	56
DeWitt	246	30	17	16	7
Dickens	23	18	1	1	1
Dimmit	41	70	16	5	1
Donley	30	15	13	10	0
Duval	**64**	**21**	**3**	**3**	**0**
Eastland	**75**	**40**	**0**	**25**	**12**
Ector	**587**	**274**	**287**	**113**	**34**
Edwards	**22**	**0**	**0**	**0**	**1**
Ellis	**285**	**49**	**37**	**116**	**21**
El Paso	2,350	892	653	514	168
Erath	105	43	12	34	17
Falls	100	33	4	14	3
Fannin	175	64	17	20	3
Fayette	12	24	20	36	1
Fisher	**49**	**21**	**8**	**5**	**2**
Floyd	**23**	**21**	**4**	**8**	**3**
Foard	**37**	**18**	**0**	**1**	**3**
Fort Bend	**918**	**55**	**274**	**253**	**67**
Franklin	**31**	**18**	**15**	**6**	**0**

Protective Services by County

Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities Day Care (Part Time)	Regulated Child-care Facilities 24-hour (Full Time)
Freestone	44	12	11	19	5
Frio	21	33	27	9	0
Gaines	16	21	24	9	1
Galveston	1,618	167	323	300	43
Garza	30	40	37	4	3
Gillespie	**38**	**21**	**24**	**26**	**1**
Glasscock	**0**	**0**	**4**	**0**	**0**
Goliad	**25**	**12**	**4**	**8**	**2**
Gonzales	**162**	**18**	**16**	**22**	**8**
Gray	**88**	**125**	**88**	**23**	**10**
Grayson	309	131	528	110	21
Gregg	835	320	314	135	43
Grimes	62	61	36	25	1
Guadalupe	427	79	202	60	18
Hale	303	167	119	37	14
Hall	**23**	**49**	**0**	**1**	**1**
Hamilton	**26**	**30**	**5**	**19**	**0**
Hansford	**15**	**3**	**0**	**6**	**2**
Hardeman	**12**	**15**	**1**	**7**	**0**
Hardin	**179**	**58**	**32**	**29**	**8**
Harris	17,430	2,350	2,579	3,528	642
Harrison	260	195	44	59	14
Hartley	4	0	0	5	2
Haskell	44	21	12	8	2
Hays	207	73	106	71	27
Hemphill	**14**	**0**	**0**	**4**	**0**
Henderson	**175**	**259**	**43**	**38**	**11**
Hidalgo	**1,565**	**435**	**804**	**805**	**44**
Hill	**130**	**40**	**35**	**37**	**5**
Hockley	**190**	**76**	**96**	**35**	**7**
Hood	64	15	20	24	5
Hopkins	198	88	33	28	18
Houston	74	43	33	18	7
Howard	126	85	19	19	4
Hudspeth	25	6	0	0	0
Hunt	**394**	**137**	**116**	**76**	**15**
Hutchinson	**122**	**100**	**87**	**18**	**16**
Irion	**1**	**6**	**0**	**2**	**2**
Jack	**29**	**27**	**15**	**6**	**0**
Jackson	**107**	**12**	**9**	**22**	**3**

Protective Services by County

Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities: Day Care (Part Time)	Regulated Child-care Facilities: 24-hour (Full Time)
Jasper	149	100	19	10	10
Jeff Davis	55	21	11	0	1
Jefferson	1,559	816	402	262	79
Jim Hogg	1	12	0	6	0
Jim Wells	104	76	0	27	6
Johnson	605	79	83	87	31
Jones	49	58	13	18	6
Karnes	52	12	0	16	3
Kaufman	256	55	23	67	16
Kendall	88	30	4	20	9
Kenedy	7	0	0	0	0
Kent	22	0	9	3	1
Kerr	189	37	108	45	17
Kimble	53	3	0	7	0
King	0	0	5	0	0
Kinney	10	6	7	1	1
Kleberg	88	46	3	14	7
Knox	4	18	4	4	4
Lamar	329	195	242	47	15
Lamb	101	97	51	15	10
Lampasas	104	15	31	23	9
LaSalle	33	18	0	8	0
Lavaca	122	67	15	61	4
Lee	55	21	12	25	4
Leon	57	27	4	12	2
Liberty	242	100	36	25	16
Limestone	110	30	28	15	6
Lipscomb	4	3	12	2	3
Live Oak	33	21	0	7	1
Llano	38	24	19	14	0
Loving	0	0	0	0	0
Lubbock	1,354	801	1,256	455	98
Lynn	31	30	5	14	1
Madison	77	27	4	13	1
Marion	59	70	5	4	3
Martin	4	0	[illegible]	3	0
Mason	11	3	16	7	0
Matagorda	226	37	138	33	8
Maverick	57	40	4	14	5
McCulloch	57	27	0	11	0

Protective Services by County
Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities	
				Day Care (Part Time)	24-hour (Full Time)
McLennan	1,592	201	526	279	81
McMullen	5	3	0	0	0
Medina	123	64	140	29	5
Menard	25	3	0	2	1
Midland	339	149	346	125	35
Milam	183	37	24	23	5
Mills	101	6	0	5	11
Mitchell	86	12	1	4	1
Montague	42	21	4	37	0
Montgomery	542	268	388	132	24
Moore	159	15	86	21	1
Morris	48	52	7	11	8
Motley	3	6	3	0	0
Nacogdoches	234	55	92	46	13
Navarro	204	43	0	55	8
Newton	74	46	5	3	7
Nolan	112	52	27	17	9
Nueces	1,147	423	497	294	90
Ochiltree	92	15	57	14	1
Oldham	21	3	0	3	3
Orange	411	198	60	82	27
Palo Pinto	259	116	134	19	11
Panola	107	30	35	11	6
Parker	183	55	39	43	19
Parmer	34	0	15	7	4
Pecos	88	79	17	11	0
Polk	104	49	37	14	10
Potter	1,092	298	321	159	48
Presidio	47	43	3	5	2
Rains	26	30	5	2	3
Randall	331	76	90	197	34
Reagan	44	3	0	6	1
Real	12	0	0	3	0
Red River	88	52	13	7	6
Reeves	59	64	19	6	3
Refugio	55	3	11	5	0
Roberts	11	0	5	0	0
Robertson	100	58	3	17	1
Rockwall	59	12	7	34	5
Runnels	167	18	0	26	3

Protective Services by County

Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities	
				Day Care (Part Time)	24-hour (Full Time)
Rusk	268	107	112	39	10
Sabine	59	18	11	3	1
San Augustine	45	24	7	2	5
San Jacinto	63	40	15	2	7
San Patricio	464	186	17	58	6
San Saba	48	6	0	12	2
Schleicher	7	0	9	4	0
Scurry	85	55	49	19	8
Shackelford	14	3	1	4	0
Shelby	155	27	20	9	8
Sherman	15	3	0	3	0
Smith	768	377	309	169	61
Somervell	3	6	0	9	3
Starr	110	18	1	27	0
Stephens	49	64	12	17	6
Sterling	1	0	0	1	0
Stonewall	19	12	0	2	0
Sutton	15	9	5	3	0
Swisher	79	18	7	8	0
Tarrant	3,983	585	2,396	1,560	265
Taylor	513	706	597	223	61
Terrell	1	24	0	7	0
Terry	70	40	21	0	2
Throckmorton	7	6	0	3	0
Titus	93	97	43	18	7
Tom Green	472	286	301	139	36
Travis	2,155	502	659	1,040	199
Trinity	47	18	20	7	2
Tyler	64	30	16	6	6
Upshur	337	174	28	16	17
Upton	4	6	3	3	0
Uvalde	233	55	71	19	6
Val Verde	131	30	35	13	2
Van Zandt	120	134	39	28	10
Victoria	591	58	239	134	20
Walker	104	30	111	32	6
Waller	70	33	4	39	0
Ward	71	52	21	13	2
Washington	75	52	0	37	9
Webb	350	268	271	120	10

Protective Services by County

Fiscal Year 1990

County	Protective Services for Children*	Adult Protective Services Investigations	Family Violence Adult & Children Residents	Regulated Child-care Facilities	
				Day Care (Part Time)	24-hour (Full Time)
Wharton	205	76	7	45	21
Wheeler	8	24	8	3	2
Wichita	463	234	425	276	38
Wilbarger	66	55	0	24	5
Willacy	37	30	32	53	1
Williamson	**699**	**55**	**115**	**298**	**63**
Wilson	**145**	**21**	**8**	**33**	**8**
Winkler	**38**	**18**	**13**	**2**	**3**
Wise	**115**	**40**	**25**	**24**	**6**
Wood	**156**	**225**	**9**	**20**	**6**
Yoakum	49	21	9	6	1
Young	55	73	0	30	3
Zapata	11	12	0	5	0
Zavala	36	43	9	6	0
State Totals	**84,528**	**24,513**	**25,390**	**20,274**	**4,503**

* Annual unduplicated number of clients served.

Regulation of Day-care Facilities by Region

Fiscal Year 1990

Region	1/2	3/12	4	5	6	7	8	9	10	11	Total
Provisional applications accepted	62	88	71	225	153	72	133	76	24	240	1,144
Provisional licenses issued	54	85	69	215	141	76	107	82	29	213	1,071
Provisional licenses denied	4	4	0	1	0	3	1	0	0	0	13
Provisional licenses revoked	0	0	0	0	0	0	0	0	0	0	0
Licenses issued	69	75	55	218	137	44	54	80	21	191	944
Licenses denied	0	0	1	0	0	2	3	0	0	1	7
Licenses revoked	0	0	0	2	2	0	0	0	0	7	11
Initial requests to register granted	238	164	277	1,269	508	112	396	441	47	1,093	4,545
Requests to register denied	4	0	1	0	2	0	5	0	0	7	19
Registrations revoked	2	0	0	6	1	0	4	5	0	3	21
State operated facilities certified	0	0	1	4	0	1	1	1	4	6	18
Certifications revoked	0	0	0	0	0	0	0	0	0	0	0
Injunctions	1	0	0	0	1	0	0	0	0	8	10
Complaint investigations	360	287	406	1,719	1,129	222	356	563	242	1,494	6,778
Licenses suspended	0	2	0	0	1	0	0	1	0	0	4
Probations	1	5	0	9	0	0	1	5	2	12	35

Regulation of 24-hour Care Facilities by Region

Fiscal Year 1990

Region	1/2	3/12	4	5	6	7	8	9	10	11	Total
Provisional applications accepted	3	7	1	22	17	5	6	7	0	12	80
Provisional licenses issued	1	4	2	29	22	7	7	11	1	12	96
Provisional licenses denied	0	0	0	0	0	0	0	0	0	0	0
Provisional licenses revoked	0	0	0	0	0	0	0	2	0	0	2
Licenses issued	31	32	20	229	223	22	26	84	10	203	880
Licenses denied	0	0	0	0	0	0	0	0	0	0	0
Licenses revoked	0	0	0	0	0	0	0	0	0	0	0
State-operated facilities certified	1	0	0	0	1	0	0	0	0	5	7
Certifications revoked	0	0	0	0	0	0	0	0	0	0	0
Agency foster homes verified	282	238	246	1,090	573	292	283	289	190	823	4,306
Injunctions	0	0	0	0	0	0	0	0	0	0	0
Complaints investigated	16	13	9	55	43	5	12	37	11	50	250
Licenses suspended	0	0	0	0	0	0	0	0	0	0	0
Probations	0	0	0	0	0	0	0	2	0	0	2

Licensed, Certified, and Registered Child-care Facilities by Number, Capacity, and Percent Change

Fiscal Year 1990

Type of Facility	Number of Facilities/**Capacity** Sept. 1, 1989	Number of Facilities/**Capacity** Aug. 31, 1990	% Change in Number and Capacity
Day Care			
Day-care centers	5,654/**449,257**	5,710/**458,986**	0.10/**2.17**
Kindergarten/nursery schools	546/**33,772**	523/**32,649**	−4.21/−**3.33**
Schools/kindergarten and above	117/**7,355**	109/**7,288**	−6.84/−**9.11**
Group day-care homes	733/**8,346**	785/**9,043**	7.09/**8.35**
Total Licensed/Certified Facilities	7,050/**492,730**	7,124/**507,966**	1.08/**1.85**
Total Registered Family Homes	14,350/**86,100**	14,934/**107,610**	4.08/**24.98**
Total Day-care Facilities	21,400/**584,830**	22,059/**615,576**	3.09/**5.26**
Residential Child Care			
Institutions providing basic child care	83/**4,899**	81/**4,819**	−2.41/−**1.63**
Institutions serving mentally retarded children	10/**299**	10/**299**	0.00/**0.00**
Emergency shelters	49/**1,119**	61/**1,293**	24.49/**15.55**
Halfway houses	2/**20**	2/**30**	0.00/**0.00**
Residential treatment centers	65/**3,144**	72/**3,419**	10.77/**8.75**
Therapeutic camps	7/**292**	9/**295**	28.57/**1.03**
Foster group homes	31/**276**	28/**271**	−9.68/−**1.81**
Foster family homes	48/**139**	51/**162**	6.25/**16.55**
Child-placing agencies (24-hour care and adoption)	148/NA	158/NA	6.76/**NA**
Agency foster group homes	35/**336**	26/**249**	−25.71/−**25.89**
Agency homes	4,273/**11,973**	4,622/**12,065**	8.17/**0.76**
Total 24-hour Care Facilities	4,751/**22,507**	5,120/**22,902**	7.77/**1.76**
Grand Total	26,151/**607,337**	27,179/**638,478**	3.93/**5.13**

Licensing Staff by Function
Fiscal Year 1990

Positions	**Sept. 1, 1989**	**Aug. 31, 1990**
Regional day care	254	265
Residential child care	39	39
State agency certification specialists	3	3
Other state office	20	22
Total	**316**	**329**

Social Work Certification Activities
Fiscal Year 1990

	Sept. 1, 1989	**Aug. 31, 1990**
New Certifications Granted	**1,189**	**1,194**
Social Work Associate	148	145
Social Worker	281	278
Certified Social Worker	464	458
Advanced Clinical Practitioner*	296	313
Recertifications Granted	**8,667**	**8,486**
Social Work Associate	1,072	1,027
Social Worker	2,049	1,977
Certified Social Worker	3,380	3,259
Advanced Clinical Practitioner*	2,166	2,223
Complaints investigated	19	21
Applicants for certification denied	12	15
Certifications revoked	0	3
Certifications probated	0	0
Certifications suspended	0	1
Social Workers Currently Certified	**9,856**	**9,534**

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* Certification of Recognition—Only Certified Social Workers are eligible to apply.

Administrators' Licensing Activities
Fiscal Year 1990

	Sept. 1, 1989	Aug. 31, 1990
New licenses granted	120	120
Biennial licenses renewed	233	298
Currently licensed	322	297
Total Licensed	**675**	**715**
Applications denied	6	7
Licenses revoked	0	0
Licenses probated	6	0
Licenses suspended	3	0
Complaints Investigated	**2**	**2**

Errata

Due to a computer-generated error, the numbers of Medicaid eligibles by county were reported incorrectly in the Texas Department of Human Services 1990 Annual Report. The corrected data shown below replaces the last column in the table on pages 83-89.

Contracted Client Services by County

Fiscal Year 1990

County	Medicaid Eligibles (Monthly Average)	County	Medicaid Eligibles (Monthly Average)	County	Medicaid Eligibles (Monthly Average)
Anderson	2,953	Coke	214	Freestone	1,101
Andrews	944	Coleman	808	Frio	2,104
Angelina	5,710	Collin	5,077	Gaines	1,019
Aransas	1,373	Collingsworth	304	Galveston	12,963
Archer	166	Colorado	1,495	Garza	457
Armstrong	**61**	**Comal**	**2,240**	**Gillespie**	**642**
Atascosa	**3,730**	**Comanche**	**898**	**Glasscock**	**15**
Austin	**1,119**	**Concho**	**192**	**Goliad**	**565**
Bailey	**398**	**Cooke**	**1,539**	**Gonzales**	**2,023**
Bandera	**341**	**Coryell**	**1,923**	**Gray**	**1,206**
Bastrop	2,667	Cottle	246	Grayson	5,438
Baylor	291	Crane	144	Gregg	7,919
Bee	3,066	Crockett	285	Grimes	1,689
Bell	10,523	Crosby	932	Guadalupe	4,084
Bexar	104,726	Culberson	236	Hale	2,927
Blanco	**191**	**Dallam**	**350**	**Hall**	**368**
Borden	**15**	**Dallas**	**83,664**	**Hamilton**	**542**
Bosque	**846**	**Dawson**	**1,546**	**Hansford**	**162**
Bowie	**6,783**	**Deaf Smith**	**1,666**	**Hardeman**	**439**
Brazoria	**6,701**	**Delta**	**505**	**Hardin**	**2,722**
Brazos	5,207	Denton	5,206	Harris	176,765
Brewster	550	DeWitt	2,236	Harrison	5,297
Briscoe	169	Dickens	226	Hartley	21
Brooks	1,734	Dimmit	2,069	Haskell	574
Brown	2,932	Donley	275	Hays	3,244
Burleson	**1,289**	**Duval**	**2,469**	**Hemphill**	**57**
Burnet	**1,387**	**Eastland**	**1,376**	**Henderson**	**3,713**
Caldwell	**2,547**	**Ector**	**9,114**	**Hidalgo**	**56,735**
Calhoun	**1,399**	**Edwards**	**166**	**Hill**	**2,308**
Callahan	**738**	**Ellis**	**4,049**	**Hockley**	**1,826**
Cameron	36,095	El Paso	48,609	Hood	823
Camp	854	Erath	1,423	Hopkins	1,571
Carson	110	Falls	2,187	Houston	2,970
Cass	3,128	Fannin	2,013	Howard	2,931
Castro	768	Fayette	1,247	Hudspeth	104
Chambers	**869**	**Fisher**	**333**	**Hunt**	**4,275**
Cherokee	**3,533**	**Floyd**	**854**	**Hutchinson**	**1,045**
Childress	**626**	**Foard**	**144**	**Irion**	**50**
Clay	**299**	**Fort Bend**	**7,859**	**Jack**	**453**
Cochran	**400**	**Franklin**	**462**	**Jackson**	**1,177**

Contracted Client Services by County

Fiscal Year 1990

County	Medicaid Eligibles (Monthly Average)
Jasper	3,321
Jeff Davis	116
Jefferson	22,048
Jim Hogg	733
Jim Wells	5,313
Johnson	**4,660**
Jones	**1,461**
Karnes	**2,005**
Kaufman	**2,978**
Kendall	**520**
Kenedy	13
Kent	48
Kerr	1,890
Kimble	287
King	2
Kinney	**197**
Kleberg	**3,892**
Knox	**479**
Lamar	**4,122**
Lamb	**1,482**
Lampasas	1,068
Lasalle	824
Lavaca	1,392
Lee	682
Leon	1,109
Liberty	**4,556**
Limestone	**2,771**
Lipscomb	**67**
Live Oak	**671**
Llano	**135**
Loving	0
Lubbock	16,106
Lynn	694
Madison	966
Marion	1,426
Martin	**338**
Mason	**271**
Matagorda	**3,320**
Maverick	**5,932**
McCulloch	**951**
McLennan	14,328
McMullen	13
Medina	2,809
Menard	229
Midland	5,160
Milam	**2,173**
Mills	**425**
Mitchell	**711**
Montague	**1,050**
Montgomery	**8,401**
Moore	604
Morris	1,369
Motley	95
Nacogdoches	4,233
Navarro	3,527
Newton	**1,424**
Nolan	**1,549**
Nueces	**27,316**
Ochiltree	**266**
Oldham	**43**
Orange	5,752
Palo Pinto	1,925
Panola	1,573
Parker	2,286
Parmer	460
Pecos	**1,148**
Polk	**2,626**
Potter	**9,782**
Presidio	**921**
Rains	**336**
Randall	1,228
Reagan	140
Real	188
Red River	1,723
Reeves	1,524
Refugio	**761**
Roberts	**8**
Robertson	**2,241**
Rockwall	**510**
Runnels	**848**
Rusk	3,420
Sabine	867
San Augustine	1,191
San Jacinto	1,449
San Patricio	6,633
San Saba	**536**
Schleicher	**174**
Scurry	**1,089**
Shackelford	**170**
Shelby	**2,870**
Sherman	32
Smith	9,918
Somervell	264
Starr	5,896
Stephens	592
Sterling	**53**
Stonewall	**134**
Sutton	**205**
Swisher	**630**
Tarrant	**41,851**
Taylor	7,404
Terrell	52
Terry	1,571
Throckmorton	92
Titus	1,658
Tom Green	**6,696**
Travis	**30,242**
Trinity	**1,134**
Tyler	**1,362**
Upshur	**2,032**
Upton	227
Uvalde	3,102
Val Verde	4,953
Van Zandt	2,072
Victoria	5,947
Walker	**2,802**
Waller	**1,814**
Ward	**731**
Washington	**2,467**
Webb	**17,817**

Contracted Client Services by County

Fiscal Year 1990

County	Medicaid Eligibles (Monthly Average)
Wharton	3,561
Wheeler	454
Wichita	7,026
Wilbarger	1,022
Willacy	2,921
Williamson	**4,338**
Wilson	**1,847**
Winkler	**476**
Wise	**1,271**
Wood	**2,084**
Yoakum	408
Young	1,089
Zapata	1,076
Zavala	2,353
TOTAL	**1,140,760**